

UNITED STATES DISTRICT COURT
SOUTHER DISTRICT OF NEW YORK

JUDGE PRESKA

08 CIV 4998

KIZZY JOYE,

C.V. Number:

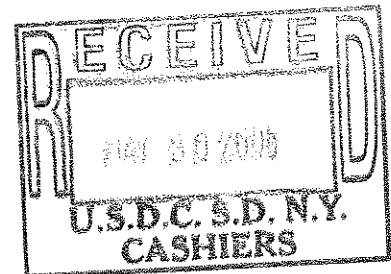
Plaintiff.

PETITION FOR REMOVAL

-against-

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.



-----X
TO THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF
NEW YORK, FOLEY SQUARE:

Defendants, EDGAR MEZA OVANDO and JAIME LOPEZ, files this Notice for
Removal under U.S.C. §§ 1141, 1446, and Federal Rules of Civil Procedure, Rule 81 (c) and
Local Rule 81.1 and respectfully shows the Court:

A. These defendants are requesting removal to the above Court in the above-entitled
action.

B. The above-entitled action was commenced in the Supreme Court of the State of
New York, County of Bronx, by plaintiff's counsel, on or about 2/26/08. Under index number
301553/08, pursuant to CPLR Section 304 and is now pending in that Court, upon information
and belief, annexed hereto as Exhibit "A" is a copy of plaintiff's Summons and Complaint and
this petitioner/defendant's answer..

C. The above-mentioned action is a Supreme Court action for personal injuries
allegedly sustained in a motor vehicle accident.

D. The action is one of which the United States District Courts are given original
jurisdiction under U.S.C. §1332(a) by reason of diversity of citizenship of the parties.

E. The amount of controversy in the action, exclusive of interest and costs, exceeds \$75,000.00 annexed hereto as Exhibit "B" is a copy of plaintiff's Bill of Particulars.

F. Thirty (30) days have not yet expired since the action thereby became removable to this Court. These defendants received the Bill of Particulars, by their counsel, on May 2, 2008.

G. At the time of commencement of this action, and upon information and belief, defendant EDGAR MEZA OVANDO is a citizen of Texas, and that defendant JAIME LOPEZ'S is a citizen of Texas, and that defendant JENINE SHAW, it a citizen of New Jersey, annexed hereto as Exhibit "C" is a copy of the police report.

H. Copies of all discovery responses served on petitioner in this action are annexed hereto as Exhibit "D".

I. The Summons and Complaint was first received by the removing defendants, upon information and belief, on or about 3/17/08.

J. This petition is timely within the meaning of 28 U.S.C. 1446 (b).

K. That promptly after filing this petition of removal the defendants' shall give written notice of the removal to the plaintiff through his attorney of record in the State action.

L. Counsel for petitioners/defendants' called the liability insurance carrier Mercury for the defendant JENINE SHAW to advise them of this petition on 5/27/08, as there has been no appearance on that defendant's behalf.

M. However, they had advised me that they would speak to their soon to be assigned counsel for Ms. Jenine Shaw and get back to me.

N. As of the drafting of this petition, counsel has just heard back from Ms. Merridee Evans on 05/29/08 from Mercury Insurance who advised me as of the date of drafting of this

petition that they consent to said removal on behalf of the defendant, Jenine Shaw and will be forwarding the case to counsel, Morgan, Melhuish, Monaghan, et. al.

That this petition of removal is signed pursuant to Rule 11 of the Federal Rules of Civil Procedure.

WHEREFORE, these defendants' request that the above-entitled action be removed from the Supreme Court, Bronx County, to the United States District Court, Southern District of New York.

Dated: New York, New York
May 29, 2008



BY: FREDERICK D. SCHMIDT JR. (FDS8821)
LAW OFFICE OF JOHN P. HUMPHREYS
Attorneys for Defendants
**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**
485 Lexington Avenue, 7th Floor
New York, NY 10017
(917) 778-6600
Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Plaintiff Counsel
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

Exhibit A

03/28/2008 15:57 FAX

002/C10

UNITED LAWYERS

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

Index No.:

301553-08

Date of Purchase:

KIZZY JOYE,

Plaintiff designates **BRONX**
County as the place of trial.

Plaintiff,

The basis of the venue is
Plaintiff's Residence.

-against-

JENINE SHAW, EDGAR MEZA OVANDO
and JAIME LOPEZ,

SUMMONS

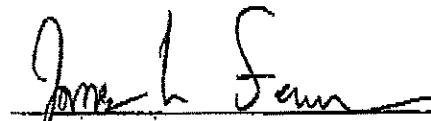
Defendants.

Plaintiff resides at
1510 Jesup Avenue
Bronx, New York 10452

To the above named Defendant(s):

You are hereby summoned to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the Plaintiff's Attorney(s) within 20 days after the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint.

Dated: New York, New York
February 22, 2008



James L. Ferrara, Esq.
ROSENBAUM & ROSENBAUM, P.C.
Attorney(s) for Plaintiff(s)
50 Broadway, 26th Floor
New York, New York 10004
212-514-5007

Defendant(s):

To: See Attached Rider

03/28/2008 15:57 FAX

004/010

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

KIZZY JOYE,

Plaintiff,

-against-

JENINE SHAW, EDGAR MEZA OVANDO,
and JAIME LOPEZ,

Defendants.

Index No.:

VERIFIED COMPLAINT

Plaintiff, by her attorneys, Rosenbaum & Rosenbaum, P.C., complaining of the defendants, respectfully sets forth and alleges the following:

1. Upon information and belief, and at all relevant times, plaintiff is a resident of the State of New York, County of Bronx.
2. Upon information and belief and at all times hereinafter mentioned, plaintiff was a passenger in a 2002 Toyota motor vehicle bearing New Jersey State license plate number VJC844.
3. Upon information and belief and at all relevant times, defendant JENINE SHAW owned a 2002 Toyota motor vehicle bearing New Jersey State license plate number VJC844.
4. Upon information and belief and at all relevant times, defendant JENINE SHAW operated a 2002 Toyota motor vehicle bearing New Jersey State license plate number VJC844.
5. Upon information and belief and at all relevant times, defendant JENINE SHAW maintained, managed and controlled a 2002 Toyota motor vehicle bearing New Jersey State license plate number VJC844.
6. Upon information and belief and at all relevant times, defendant EDGAR MEZA OVANDO owned a tractor trailer bearing Texas license plate number R7BY30.

03/28/2008 15:57 FAX

005/010

~~9~~ ~~13~~ Upon information and belief and at all relevant times, defendant EDGAR MEZA OVANDO operated a tractor trailer bearing Texas license plate number R7BY30.

~~7~~ ~~14~~ Upon information and belief and at all relevant times, defendant EDGAR MEZA OVANDO operated a tractor trailer bearing Texas license plate number R7BY30 with the permission and consent of defendant, JAIME LOPEZ.

~~10~~ ~~15~~ Upon information and belief and at all relevant times, defendant EDGAR MEZA OVANDO maintained, managed and controlled a tractor trailer bearing Texas license plate number R7BY30.

~~11~~ ~~16~~ Upon information and belief and at all relevant times, defendant JAIME LOPEZ owned a tractor trailer bearing Texas license plate number R7BY30.

~~12~~ ~~17~~ Upon information and belief and at all relevant times, defendant JAIME LOPEZ operated a tractor trailer bearing Texas license plate number R7BY30.

~~13~~ ~~18~~ Upon information and belief and at all relevant times, defendant JAIME LOPEZ maintained, managed and controlled a tractor trailer bearing Texas license plate number R7BY30.

13. At all relevant times, the roadway known as the George Washington Bridge was and still is a public highway in common use by the residents of the City of New York and others.

14. On or about April 22, 2007 the tractor trailer bearing Texas license plate number R7BY30 came into contact with the 2002 Toyota motor vehicle bearing New Jersey State license plate number VJC844 on the aforementioned roadway.

15. Upon information and belief, the accident was caused by defendants' negligence in that they operated, controlled, owned, maintained, managed and used their vehicles at a greater rate of speed than care and caution would permit under the circumstances; failed to provide and/or make timely and adequate use of brakes, signaling devices, horns and steering mechanisms; failed to keep

03/26/2008 15:57 FAX

006/010

a safe distance between vehicles; failed to observe and be alert to traffic over and along the Roadway; failed to reasonably maintain and control their vehicles; failed to yield the right of way; proceeded with their vehicles in a non-travel lane; stopped their vehicles in a travel lane; left the door open on a vehicle in the travel lane; negligently crossed lanes of traffic; failed to see what there was to be seen; failed to observe a stopped vehicle; struck a parked vehicle; and were otherwise negligent in failing to properly manage, operate and control their vehicles with the result that defendants' motor vehicle violently struck the vehicle which plaintiff was in, causing serious injuries to plaintiff, without any fault on the part of the plaintiff contributing thereto.

☒ 16. The accident was caused solely by defendants' carelessness and negligence.

☒ 17. Plaintiff in no way contributed to the happening of the accident.

☒ 18. As a result of the accident, plaintiff was caused to become sick, sore, lame and disabled, was prevented from attending her usual duties and occupation, was compelled to secure medical care and attention, and in the future will be compelled to secure additional care and attention in an effort to heal his injuries.

☒ 19. Upon information and belief, plaintiff sustained a serious injury as defined in Insurance Law §5102(d) of the State of New York.


☒ 20. Upon information and belief, this action falls within one or more of the exceptions set forth in CPLR §1602.

WHEREFORE, plaintiff demands judgment against the defendants together with the costs and disbursements of this action.

03/26/2008 15:58 FAX

007/010

Dated: New York, New York
February 22, 2008

A handwritten signature in dark ink, appearing to read "James L. Ferrara", written over a horizontal line.

James L. Ferrara, Esq.,
ROSENBAUM & ROSENBAUM, P.C.
Attorney(s) for Plaintiff(s)
50 Broadway, 26th Floor
New York, New York 10004
212-514-5007

03/26/2008 15:58 FAX

009/010

VERIFICATION

STATE OF NEW YORK)
) ss:
COUNTY OF NEW YORK)

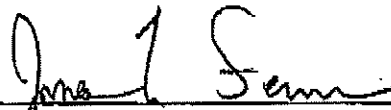
I, JAMES FERRARA, the attorney of record for the plaintiff in the within action; I have read the foregoing **SUMMONS and VERIFIED COMPLAINT** and know the contents thereof; the same is true to my own knowledge, except as to those matters therein stated to be alleged upon information and belief, and as to those matters, I believe it to be true. The reason this Verification is made by me and not by plaintiff, is that plaintiff resides outside of the county in which I maintain my law office.

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

A review of the file maintained by my office, books, records and investigation.

I affirm that the foregoing statements are true, under penalties of perjury.

Dated: New York, New York
February 22, 2008



By: James L. Ferrara, Esq.
LAW OFFICES OF GEORGE DAVID ROSENBAUM
50 Broadway, 26th Floor
New York, New York 10004
(212) 514-5007

03/26/2008 15:58 FAX

000/010

03/26/2008 15:57 FAX

003/010

RIDER TO SUMMONS

DEFENDANTS:

**To: JENINE SHAW
40 A Spruce Street
Newark, New Jersey 07102**

**EDGAR MEZA OVANDO
P.O. Box 1691
Hidalgo, Texas 78557**

**JAIME LOPEZ
3605 N Champagne
Pharr, Texas 78577**

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff.

CERTIFICATION

-against-

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.
-----X

C O U N S E L O R :

Pursuant to 22 NYCRR 130-1.1, the undersigned, an attorney admitted to practice in the Courts of New York State, certifies that, upon information and belief and reasonable inquiry, the contentions contained in the annexed document are not frivolous.

- Demand Pursuant to CPLR 3017(c)
- Verified Answer with Affirmative Defenses and Cross-claims
- Demand for a Bill of Particulars
- Combined Demands
- Notice for Discovery and Inspection (Experts)
- Notice for Discovery and Inspection (Insurance information)
- Notice for Deposition

Dated: New York, New York
April 11, 2008

LAW OFFICE OF JOHN R. HUMPHREYS


BY: FREDERICK D. SCHMIDT JR.

Attorneys for Defendants

**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**

485 Lexington Avenue, 7th Floor

New York, NY 10017

(917) 778-6600

Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Attorneys for Plaintiff
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff.

**DEMAND PURSUANT
TO CPLR 3017(c)**

-against-

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.
-----X

C O U N S E L O R :

Pursuant to CPLR §3017(c) within fifteen (15) days from the date of service of this request, you are hereby required to set forth the total damages to which plaintiff deems himself/herself entitled and list same separately for each cause of action.

Dated: New York, New York
April 11, 2008

LAW OFFICE OF JOHN P. HUMPHREYS
FREDERICK D. SCHMIDT JR.
Attorneys for Defendants
**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**
485 Lexington Avenue, 7th Floor
New York, NY 10017
(917) 778-6600
Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Attorneys for Plaintiff
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff.

VERIFIED ANSWER

-against-

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.
-----X

COUNSELOR:

The Law Office of JOHN P. HUMPHREYS, as attorney and on behalf of defendants JAIME LÓPEZ AND EDGAR MEZA-OVANDO d/b/a 3 BULLS TRUCKING, answering the Verified Complaint of the plaintiff herein, upon information and belief, respectfully alleges:

1. Denies any sufficient knowledge or information to form a belief as to the truth or falsity of the allegations contained in the paragraphs of the Complaint designated "1", "2", "3", "4", "5", "12" and "13".
2. Denies each and every allegation contained in the paragraphs of the Complaint designated "6", "11", "15", "16", "17" and "18".
3. Denies each and every allegation contained in the paragraphs of the Complaint designated "9", "19" and "20", and refers all questions of law to the Court.

AS AND FOR A FIRST AFFIRMATIVE DEFENSE

4. That by entering into the activity in which plaintiff was engaged at the time of the occurrence set forth in the Complaint, said plaintiff knew the hazards thereof, the risks inherent thereto and had full knowledge of the dangers thereof; that whatever injuries and damages were sustained by plaintiff as alleged in the Complaint arose from and were caused by reason of such

inherent risks voluntarily undertaken by the plaintiff in his/her activities and such risks were assumed and accepted by him/her in performing and engaging in said activities.

AS AND FOR A SECOND AFFIRMATIVE DEFENSE

5. That the plaintiff's alleged damages representing the cost of medical care, dental care, custodial care or rehabilitation services, loss of earnings or other economic loss were or will, with reasonable certainty, be replaced or indemnified, in whole or in part, by or from a collateral source and this Court shall, pursuant to CPLR Section 4545(c), reduce the amount of such alleged damages by the amount such damages were or will be replaced or indemnified by such collateral source.

AS AND FOR A THIRD AFFIRMATIVE DEFENSE

6. This party's responsibility for non-economic loss, if any, which is expressly denied herein, is less than 50% of any responsibility attributed to any tortfeasor, whether or not a party hereto, who is or may be responsible for the happening of plaintiff's alleged accident and, thus, this party is entitled to a limitation of damages as set forth in CPLR Article 16.

AS AND FOR A FOURTH AFFIRMATIVE DEFENSE

7. The injuries and damages allegedly sustained by plaintiff were caused in whole or in part by the culpable conduct of plaintiff, including negligence and assumption of risk, as a result of which the claim of plaintiff is therefore barred or diminished in the proportion that such culpable conduct of plaintiff bears to the total culpable conduct causing the alleged injuries and damages.

AS AND FOR A FIFTH AFFIRMATIVE DEFENSE

8. Upon information and belief plaintiff failed to mitigate damages.

AS AND FOR A SIXTH AFFIRMATIVE DEFENSE

9. That the plaintiff has failed to join, as defendants, all necessary and proper parties in this action.

AS AND FOR A SEVENTH AFFIRMATIVE DEFENSE

10. Plaintiff's injuries, if any, were caused by the culpable conduct of parties other than the answering defendant and over whom defendant had no control.

AS AND FOR AN EIGHTH AFFIRMATIVE DEFENSE

11. That if it is determined that plaintiff failed to use available seatbelts, defendant hereby pleads such fact in mitigation of damages.

AS AND FOR A NINTH AFFIRMATIVE DEFENSE

12. That plaintiff's own actions were the sole proximate cause of any claimed injuries sustained by plaintiff.

AS AND FOR A TENTH AFFIRMATIVE DEFENSE

13. That this action is barred by reason of the fact that plaintiff did not sustain a "serious injury" as defined in Section 5102 of the Insurance Law and, thus, has no right of recovery under Sec. 5104 of the Insurance Law.

***AS AND FOR A CROSS-CLAIM FOR COMMON LAW NEGLIGENCE
AGAINST CO-DEFENDANT JENINE SHAW, THIS DEFENDANT
ALLEGES THE FOLLOWING:***

That if plaintiff was caused to sustain injuries and/or damages at the time and place set forth in the Complaint through any carelessness, recklessness and/or negligence other than the plaintiff's own, such damages were sustained in whole or in part by any reason of the

carelessness, recklessness and negligence and/or negligent acts of omission or commission of co-defendant, its agent(s), servant(s) and/or employee(s).

Further, if plaintiff should recover judgment against this answering defendants, the co-defendant shall be liable to this defendant on the basis of apportionment of responsibility for the alleged occurrence and these defendants are entitled to contribution from and judgment over and against co-defendant for all or part of any verdict or judgment which plaintiff may recover in such amounts as a jury or Court may direct.

These defendants demand judgment dismissing the Complaint herein as to the answering defendants, and further demands judgment over and against co-defendant for the amount of any judgment which may be obtained herein by plaintiff against these answering defendants or in such amount as the Court or jury may determine, together with the costs and disbursements of the action.

WHEREFORE, defendants, demand judgment dismissing the Verified Complaint together with the costs and disbursements of this action.

Dated: New York, New York
April 11, 2008

LAW OFFICE OF JOHN P. HUMPHREYS
FREDERICK D. SCHMIDT JR.
Attorneys for Defendants
**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**
485 Lexington Avenue, 7th Floor
New York, NY 10017
(917) 778-6600
Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Plaintiff Counsel
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff.

**DEMAND FOR A
VERIFIED BILL
OF PARTICULARS**

-against-

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.
-----X

C O U N S E L O R:

PLEASE TAKE NOTICE that this answering party, represented by the Law Office of JOHN P. HUMPHREYS, the undersigned attorneys, requires that you serve upon said attorneys within thirty (30) days after service upon you of a copy of this demand, a Verified Bill of Particulars, setting forth the following:

1. State the date, time of day, and weather and road conditions of the occurrence alleged in the Complaint.
2. The location of the alleged occurrence in sufficient detail to permit ready identification, including but not limited to:
 - (a) The name of the street or road upon which the alleged accident occurred;
 - (b) Indicate the nearest intersecting road and the distance therefrom; and
 - (c) Specifying the exact place of the occurrence with respect to the center of the road, the center of the intersection, or other clear reference point.
3. Set forth the name and address of the owner and operator of each vehicle involved in the occurrence.

4. Set forth the year, make, model and license plate number (indicating state and year) of each vehicle allegedly involved in the occurrence.

5. State the direction each vehicle allegedly involved in this occurrence was heading just before the occurrence; state the location where each vehicle allegedly involved in this occurrence came to rest immediately after the occurrence.

6. State all traffic controls plaintiff will claim existed at the scene of the occurrence; state what traffic controls it will be claimed defendant violated.

7. Set forth factually and specifically in what way it is claimed this party was negligent, indicating each and every particular act or omission constituting this party's alleged negligence.

8. Set forth each and every injury and/or condition allegedly sustained by each plaintiff as a result of the said occurrence indicating:

- (a) its nature, extent, location and duration;
- (b) a complete description of any injury and/or condition claimed to be residual or permanent; and
- (c) the name and address of each physician or other medical practitioner treating or examining plaintiff; the date of each visit; and whether treatment has ceased or is continuing.

9. Give the length of time and specific dates it is claimed that each plaintiff was confined, by reason of the alleged injuries:

- (a) to bed; (b) to house; and (c) if treated at or confined to a hospital or other medical facility, state the name and address thereof, and the dates of admission and discharge.

10. State with respect to each plaintiff:

- (a) Plaintiff's place and date of birth, all other names by which each plaintiff has ever been known, and social security number. If plaintiff is a married woman, state maiden name.
- (b) Plaintiff's occupation at the time of the occurrence, with a description of

plaintiff's duties;

- (c) The name and address of plaintiff's employer at the time of the alleged occurrence.
- (d) The daily or weekly earnings (gross and net) at the time of the occurrence.
- (e) If plaintiff was self-employed, set forth the business name and address of plaintiff and the annual income (gross and net) of plaintiff from said business.
- (f) Whether plaintiff was incapacitated from said employment; if so, the length of time including the specific dates that plaintiff was allegedly incapacitated from attending to said employment.
- (g) If plaintiff was a student, the name and address of the school attended and the dates, if any when plaintiff was absent from school.

11. Set forth the total amounts claimed to have been spent or incurred by or on behalf of each plaintiff (setting forth the name of each provider of services along with the amount of the bill and dates of treatment or consultation) for:

- (a) hospital, clinic or other medical institutions expenses;
- (b) x-rays;
- (c) physician and other health provider services;
- (d) nurses' services;
- (e) medical supplies;
- (f) loss of earnings and the basis of computation thereof; and
- (g) amount and nature (describing in detail of any other special damages claimed).

12. State in what respect each plaintiff has sustained a serious injury as defined in Article 51 of the Insurance Law of the State of New York and/or economic loss greater than basic economic loss as defined in Section 5102 of the Insurance Law of the State of New York.

13. Pursuant to CPLR 3118 demand is hereby made that you furnish the undersigned with a verified statement setting forth the office address and residence of each plaintiff indicating the street and number, City and State.

14. Set forth the title, chapter and section of every statute, ordinance, regulation and rule which plaintiff claims to be either applicable to the occurrence or to have been violated by defendant.

PLEASE TAKE FURTHER NOTICE, that in the event you have no knowledge of any or all of the above, same shall be so stated.

PLEASE TAKE FURTHER NOTICE, that these are continuing demands and supplemental responses up to the time the case is placed on the trial calendar are required.

PLEASE TAKE FURTHER NOTICE, that in the event of your failure to furnish such a Bill of Particulars within the said period of thirty (30) days, a motion will be made for an order precluding you from giving any evidence at the trial of the above items for which particulars have not been delivered in accordance with said demand.

Dated: New York, New York
April 11, 2008

LAW OFFICE OF JOHN P. HUMPHREYS
FREDERICK D. SCHMIDT JR.
Attorneys for Defendants
**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**
485 Lexington Avenue, 7th Floor
New York, NY 10017
(917) 778-6600
Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Plaintiff Counsel
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff.

COMBINED DEMANDS

-against-

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.
-----X

C O U N S E L O R :

PLEASE TAKE NOTICE, that the undersigned hereby makes the following demands upon you, returnable at the office of the undersigned on the.

1. Demand for the Names and Addresses of all Witnesses;
2. Demand for Expert Information;
3. Demand for the Discovery and Inspection of any Statement by or on behalf of a Party Represented by the Undersigned;
4. Notice of Discovery and Inspection for Medical Information and Authorizations;
5. Notice of Discovery and Inspection of Photographs;
6. Notices of any liens and listings of all bills for medical providers submitted to Medicare/Medicaid; and
7. Demand for Income Tax Returns.
8. Demand for Collateral Source.

That, in lieu of the foregoing, you may submit readable photocopies of the aforesaid documents by mailing them to the Law Office of JOHN P. HUMPHREYS, 485 Lexington Avenue, 7th Floor, New York, N.Y. 10017, on or before the date the documents are to be produced.

DEMAND FOR THE NAMES AND ADDRESS OF WITNESSES

PLEASE TAKE FURTHER NOTICE, that the undersigned hereby demands, pursuant to CPLR 3101(a), that you set forth in writing and under oath, the name and address of each person claimed by any party you represent, to be a witness to any of the following;

- (a) The occurrence alleged in the Complaint; or
- (b) Any acts, omissions or conditions which allegedly caused the occurrence alleged in the Complaint; or
- (c) Any actual notice allegedly given to defendant or any servant, agent or employee of defendant of any condition which allegedly caused the occurrence alleged in the Complaint; or
- (d) The nature and duration of any alleged condition which allegedly caused the occurrence alleged in the Complaint.

If no such witnesses are known to you, so state in the sworn reply to this Demand. The undersigned will object upon trial to the testimony of any witnesses not so identified.

DEMAND FOR EXPERT INFORMATION

PLEASE TAKE FURTHER NOTICE, that the undersigned hereby demands, pursuant to CPLR Section 3101(d), that you set forth, in writing and under oath, the following information for each party you represent, after each expert is retained and prior to filing a Note of Issue:

- (a) The name and business affiliation of each expert witness each party will call to testify at trial or whose opinion will be relied upon by any witness testifying at trial and the qualifications of each such expert in the field in which he will be offered to testify.
- (b) The substance of the facts and opinions on which each expert is expected to testify.
- (c) Each factual basis for said expert's opinion.
- (d) The dates of all oral and written reports provided by each expert.

If no such witnesses are known to you, so state in the sworn reply to this Demand. The undersigned will object upon trial to the testimony of any witness not so identified.

**DEMAND FOR THE DISCOVERY AND INSPECTION
OF ANY STATEMENT BY OR ON BEHALF OF A
PARTY REPRESENTED BY THE UNDERSIGNED**

PLEASE TAKE FURTHER NOTICE, that the undersigned demands, on behalf of the party it represents in this action, that pursuant to CPLR 3101(e) and 3120, you produce at the time and place herein specified, and permit the undersigned to discover, inspect and copy each and every statement made by or taken from such party and its agents, servants or employees now in your possession, custody or control or in the possession, custody or control of any party you represent in this action, if such statement in any manner bears on the issues in this action.

**NOTICE FOR DISCOVERY AND INSPECTION
FOR MEDICAL INFORMATION, ETC.**

PLEASE TAKE FURTHER NOTICE, that pursuant Section 164.508 of the Federally mandated Health Insurance Portability and Accountability Act of 1996, (HIPAA), which became effective on April 14, 2003, all authorizations must be HIPAA compliant.

We hereby demand that you produce any and all HIPAA compliant authorizations (**form provided**) in addition to the authorizations demanded below.

PLEASE TAKE FURTHER NOTICE, that pursuant to Section 3101, et seq. (including Rule 3120) of the Civil Practice Law and Rules, you are required to produce and allow discovery to be made by this answering party of the following:

- (a) Copies of the medical reports of those physicians or other health providers who have previously treated, consulted or examined the party seeking recovery and who will testify in its behalf for any condition caused by or exacerbated by the occurrence alleged in the complaint. These shall include but not be limited to a detailed recital of the injuries and conditions as to which testimony will be offered at the trial of this action referring to and identifying those x-ray and technicians' reports which shall be offered at the trial of this action and the date of each such treatment, consultation and examination.
- (b) Duly executed and acknowledged written authorizations permitting this party to obtain and make copies of all hospital or other health care facility records including x-rays and technicians' reports as may be referred to and identified in the reports of that party's physicians and other health care providers.
- (c) Any and all other medical data (including CAT scans, MRI's, EEG's, EKG's, and other diagnostic tests) not hereinabove specifically referred to upon which you will rely upon or offer for consideration in the proceeding.
- (d) Any and all bills, invoices or receipts for treatment, medicines or

appliances given for injuries or other physical conditions resulting from the occurrence referred to in the Complaint.

- (e) Fully executed and acknowledged written authorizations to obtain and copy No-Fault medical and wage records of each plaintiff from the date of the occurrence alleged in the Complaint to present setting forth the name, address, claim number and policy number for each company to which a claim has been made.
- (f) Fully executed and acknowledged written authorizations to obtain and copy Worker's Compensation records of each plaintiff from the date of the occurrence alleged in the complaint to present setting forth the name, address, claim number and policy number for each company to which a claim has been made.
- (g) Fully executed and acknowledged written authorizations to obtain records of disability benefits pursuant to Social Security Laws of each plaintiff from the date of the occurrence alleged in the Complaint to present setting forth the name, address, claim number and policy number for each company to which a claim has been made.

DEMAND FOR DISCOVERY AND INSPECTION OF PHOTOGRAPHS

PLEASE TAKE FURTHER NOTICE, that the undersigned demands on behalf of the party it represents in this action, that pursuant to Section 3101 et seq., you produce at the time and place herein specified and permit the undersigned to discover, inspect and copy any and all photographs taken of the alleged scene or place of the occurrence and/or vehicles involved and complained of which are now in your possession, custody and control, or in the possession, custody and control of any party you represent in this action, if such photograph in any manner bears upon the issues in this action.

DEMAND FOR NOTICES OF ANY LIENS AND LISTINGS OF ALL BILLS FOR MEDICAL PROVIDERS SUBMITTED TO MEDICARE/MEDICAID

PLEASE TAKE FURTHER NOTICE, that the undersigned hereby demands, pursuant to CPLR Section 3101(a), that you set forth in writing and under oath, the following information for each party you represent, and prior to filing a Note of Issue, the following collateral source providers/potential lien holders:

- (a) Medicare/Medicaid;
- (b) Workers Compensation;
- (c) Health Insurance;
- (d) Disability; and

- (e) Health Care Provider.

DEMAND FOR INCOME TAX RETURNS

PLEASE TAKE FURTHER NOTICE, that the undersigned demands on behalf of the party it represents in this action that you produce at the time and place herein specified and permit the undersigned to discover, inspect and copy the complete Income Tax returns for each party who is claiming or has claimed reimbursement for lost income due to the occurrence alleged in the Complaint for a three (3) year period preceding the date of the occurrence as alleged in the complaint. If said complete returns are not available, the undersigned is to be furnished with full and complete authorizations to obtain same in a form accepted by the United States Department of Internal Revenue.

PLEASE TAKE FURTHER NOTICE, that all of the foregoing are continuing demands and that if any of the above items are obtained after the date of this Demand, they are to be furnished to the attorney for this party, pursuant to these demands.

DEMAND FOR COLLATERAL SOURCE

PLEASE TAKE NOTICE, that defendant requires that plaintiff produce for discovery, inspection and copying to undersigned counsel the following:

- (a) Any and all books, records, bills, insurance applications, insurance receipts, cancelled checks, copies of checks and any and all other records pertaining to collateral source reimbursement received by plaintiff or on behalf of plaintiff for the special damages alleged in the instant claim including, but not limited to, records of any person, institution, facility or government agency which has provided or will provide any reimbursement.

PLEASE TAKE FURTHER NOTICE, that in the event any of the requested documents and/or items do not exist, a verified statement to that effect is to be served on the undersigned on or before the aforesaid return date.

PLEASE TAKE FURTHER NOTICE, that this is a continuing demand notice and in the event any of the requested documents and/or items are obtained after the aforesaid return date, same are to be furnished to the undersigned within thirty (30) days after receipt.

PLEASE TAKE FURTHER NOTICE, that upon the failure to produce the requested documents and/or items on the date and at the time and place demanded, a Motion will be made for the appropriate relief.

Dated: New York, New York
April 11, 2008

LAW OFFICE OF JOHN P. HUMPHREYS
FREDERICK D. SCHMIDT JR.
Attorneys for Defendants
**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**
485 Lexington Avenue, 7th Floor
New York, NY 10017
(917) 778-6600
Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Plaintiff Counsel
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff.

**DEMAND FOR DISCOVERY
AND INSPECTION**

-against-

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.
-----X

S I R :

PLEASE TAKE NOTICE, that pursuant to CPLR Section 3101(d), all parties are hereby required to serve upon the undersigned within thirty (30) days of the date of this notice, the following:

1. State if there is any person you expect to call as an expert witness at the trial of this action.
2. If the answer to the preceding is in the affirmative, detail as to each such expert:
 - (a) His identity, address and the company, firm or organization with which the expert is employed or associated.
 - (b) His field of expertise, including identification of any professional licenses and professional associations.
 - (c) Any sub-specialties of the witness within his field of expertise.
 - (d) In reasonable detail, the subject matter on which each expert is expected to testify.
 - (e) In reasonable detail, the substance of the facts and opinions to which each expert is expected to testify.
 - (f) In reasonable detail, the qualifications of each expert.
 - (g) In reasonable detail, a summary of the factual bases for each

expert's opinion.

- (h) Names, dates and publishers of any treatises, books, articles or essays or other writings published or unpublished by the expert relating in any way to the subject matter on which said expert is expected to testify.

3. State whether any expert, including but not limited to persons identified in the preceding demands at any time made an examination, analysis, inspection or test of:

- (a) The premises of the area involved in the accident.
- (b) Any other item which may be relevant to determining the cause of the accident or the damages alleged in the Complaint.

4. Did any person identified in any of the preceding demands submit any reports based upon the test or examination conducted?

5. If the preceding demand is in the affirmative, state:

- (a) A description of each report that was made.
- (b) The date that each report was made.
- (c) Identify the person to whom each report was submitted.
- (d) Identify the persons who have present custody of each report.

6. Attach a copy of any report identified in response to any preceding demand.

Dated: New York, New York
April 11, 2008

LAW OFFICE OF JOHN P. HUMPHREYS
FREDERICK D. SCHMIDT JR.
Attorneys for Defendants
**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**
485 Lexington Avenue, 7th Floor
New York, NY 10017
(917) 778-6600
Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Plaintiff Counsel
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff.

**DEMAND FOR DISCOVERY
AND INSPECTION**

-against-

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.
-----X

S I R :

PLEASE TAKE NOTICE, that pursuant to CPLR 3101 et seq. and the applicable case law, you are hereby required to produce for discovery and supply to the undersigned attorneys for within twenty (20) days from the date of service of this demand, the following information, documents and items requested for the purpose of inspection and/or copying:

PLEASE TAKE FURTHER NOTICE, that submission to the undersigned of true and conformed certified copies of the documents and/or items demanded herein on or before the aforesaid return date will be deemed compliance with this demand notice.

1. The name of insurance company issuing an insurance policy and/or agreement insuring such defendant.
2. The effective date of such insurance agreement.
3. The policy limits of such insurance agreement.
4. The name insured under such agreement.
5. The nature of the coverage under such agreement.
6. Please provide a copy of the entire insurance policy including declaration sheets and additional endorsement for the policy period including the date of loss.

PLEASE TAKE FURTHER NOTICE that in the event any of the requested documents and/or items do not exist, a verified statement to that effect is to be served on the undersigned on or before the aforesaid return date.

PLEASE TAKE FURTHER NOTICE that this is a continuing demand notice and in the event any of the requested documents and/or items are obtained after the aforesaid return date, same are to be furnished to the undersigned within thirty (30) days after receipt.

PLEASE TAKE FURTHER NOTICE that upon the failure to produce the requested documents and/or items on the date and at the time and place demanded, a Motion will be made for the appropriate relief.

Dated: New York, New York
April 11, 2008

LAW OFFICE OF JOHN P. HUMPHREYS
FREDERICK D. SCHMIDT JR.
Attorneys for Defendants
**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**
485 Lexington Avenue, 7th Floor
New York, NY 10017
(917) 778-6600
Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Plaintiff Counsel
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff.

**NOTICE OF
DEPOSITION**

-against-

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.
-----X

C O U N S E L O R :

PLEASE TAKE NOTICE, that pursuant to Article 31 of the Civil Practice Law and Rules, the testimony upon oral examination of all adverse parties will be taken before a Notary Public who is not an attorney, or employee of an attorney, for any party or prospective party herein and is not a person who would be disqualified to act as a juror because of interest or because of consanguinity or affinity to any party herein at time and place stated below:

TO BE DEPOSED: Plaintiff and co-defendant

LOCATION: 485 Lexington Avenue, 7th Floor, New York, New York 10017

On July 3, 2008, at 10:00 o'clock in the forenoon of that day with respect to evidence material and necessary in the defense of this action.

That the said person to be examined is required to produce at such examination all papers, records and other data pertaining to this matter.

Dated: New York, New York
April 11, 2008

LAW OFFICE OF JOHN P. HUMPHREYS
FREDERICK D. SCHMIDT JR.

Attorneys for Defendants

**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**

485 Lexington Avenue, 7th Floor

New York, NY 10017

(917) 778-6600

Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Plaintiff Counsel
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

ATTORNEY VERIFICATION

Frederick D. Schmidt, Jr., affirms as follows:

I am an attorney at law admitted to practice in the Courts of the State of New York, and am associated with The Law Office of JOHN P. HUMPHREYS, attorneys for defendants, **JAIME LOPEZ AND EDGAR MEZA-OVANDO d/b/a 3 BULLS TRUCKING** in the within action, and as such, I am fully familiar with all the facts and circumstances therein.

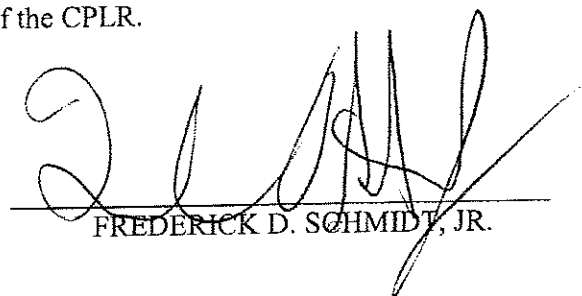
That the foregoing Answer is true to the knowledge of affirmant, except as to those matters therein stated to be alleged upon information and belief, and that as to those matters affirmant believes it to be true.

Affirmant further states that the reason that this verification is made by affirmant and not by defendants is that the defendants are not within this County of New York where affirmant maintains his/her office.

Affirmant further states that the sources of her knowledge and information are reports of investigations, conversations, writings, memoranda, and other data concerning the subject matter of the litigation.

The undersigned attorney affirms that the foregoing statements are true, under the penalties of perjury pursuant to Rule 2106 of the CPLR.

Dated: New York, New York
April 11, 2008



FREDERICK D. SCHMIDT, JR.

STATE OF NEW YORK
COUNTY OF NEW YORK

**AFFIDAVIT OF SERVICE
BY MAIL**

I, MARIA PIZZO, being duly sworn, deposed and says that deponent is a secretary of the LAW OFFICE OF JOHN P. HUMPHREYS, attorneys for one of the parties herein; is over 18 years of age; is not a party to the action. The deponent served the papers noted below by regular mail, the same securely enclosed in the postage paid wrapper in the Letter Box maintained and exclusively controlled by the United States Postal Service at 485 Lexington Avenue, New York, New York 10017; directed to the said attorney(s) at the address indicated below; that being the address within the state designated by said attorney(s) for that purpose, or the place where said attorneys(s) then kept an office, between which places there then was and now is a regular communication by mail as follows:

Date mailed: April 14, 2008

Papers Served: VERIFIED ANSWER WITH COMBINED DEMANDS

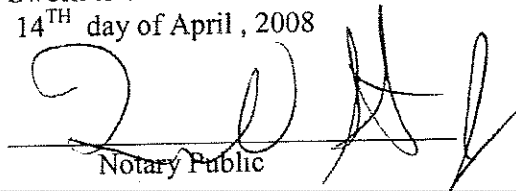
TO:

ROSENBAUM & ROSENBAUM, P.C.
Attorneys for Plaintiff
50 Broadway, 26th Floor
New York, New York 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102


MARIA PIZZO

Sworn to before me this
14TH day of April, 2008


Notary Public

FREDERICK D. SCHMIDT, JR.
Notary Public, State of New York
No. 4942786
Qualified in Westchester County
Commission Expires Oct 2, 2010

2010

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX**

Index No. :301553/08

KIZZY JOYE,

Plaintiff,

-against-

JENINE SHAW, EDGAR MEZA OVANDO AND JAIME LOPEZ,

Defendants.

ANSWER TO VERIFIED COMPLAINT AND COMBINED DEMANDS

**Law Office of
JOHN P. HUMPHREYS**

Attorneys for Defendant

JAIME LOPEZ

EDGAR MEZA-OVANDO

Office & P.O. Address

**485 Lexington Avenue, 7th Floor
New York, New York 10017**

Tel. No.: (917) 778-6600

Fax No.: (917) 778-7020

(917) 778-7022

TO:

Service of a copy of the within

is hereby admitted.

Dated:

Attorney(s) for

NOTICE OF ENTRY:

PLEASE TAKE NOTICE that the within is a true copy of an order entered in office of the Clerk of the above Court on the ____ day of _____ 200 .

NOTICE OF SETTLEMENT:

PLEASE TAKE NOTICE that the within proposed order will be presented for settlement and entry at the Courthouse on the ____ day of _____ 200 , at 10:00 a.m. at the office of the Clerk of the Part of this Court where the within described motion was heard.

Dated: New York, New York

Law Office of

JOHN P. HUMPHREYS

Attorneys for Defendant(s)

As Designated Above

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff,

-against-

**VERIFIED BILL OF
PARTICULARS**

JENINE SHAW, EDGAR MEZA OVANDO
and JAIME LOPEZ,

Defendants.
-----X

Plaintiff, by her attorneys, ROSENBAUM & ROSENBAUM, P.C., in response to the Defendants, JAIME LOPEZ and EDGAR MEZA-OVANDO d/b/a 3 BULLS TRUCKING, by their attorneys, LAW OFFICE OF JOHN P. HUMPHREYS's demand, sets forth the following as and for her Verified Bill of Particulars:

1. Upon information and belief, the accident occurred on April 22, 2007 at approximately 9:00 P.M.
2. The accident occurred on the George Washington Bridge, Upper Level, Eastbound, Lane 6 at Post 20. Plaintiff also refers defendants to the accident report.
3. Upon information and belief, Defendant, JENINE SHAW of 40 A Spruce Street, Newark, N.J. 07102 was the owner and operator of vehicle 1. Defendant, EDGAR MEZA OVANDO of P.O. Box 1691, Hidalgo, Texas 78557 operated vehicle 2. Defendant, JAIME LOPEZ of 3605 N. Champagne, Pharr, Texas 78577 is the owners of vehicle 2.
4. Plaintiff was a passenger in a 2002 Toyota with New Jersey State license plate number VJC844. Defendants were the owners and operators of a 1999 KW tractor trailer with Texas State license plate number R7B-430.

5. The vehicles were facing eastbound on the George Washington Bridge. Plaintiff refers defendants to the accident report.

6. Not applicable.

7. Upon information and belief, the accident was caused by defendants' EDGAR MEZA OVANDO and JAIME LOPEZ negligence in the ownership, operation control and maintenance of their tractor trailer motor vehicle; in causing, allowing and permitting their motor vehicle to be operated at a greater rate of speed than care and caution would permit under the circumstances; in failing to provide and/or make timely and adequate use of brakes, signaling devices, horns and steering mechanisms; in failing to keep a safe distance between their vehicle and the vehicle in which plaintiff was a passenger; in failing to stay within its own lane; in colliding with a stopped vehicle; in failing to observe and be alert to traffic signals and road conditions then and there existing; in failing to maintain their motor vehicle in optimum functional condition; in failing to observe and be alert to the traffic conditions than and there existing; in failing to reasonably maintain and control their vehicle; in failing to yield the right of way; and was otherwise negligent in failing to properly manage, operate and control their motor vehicle resulting in the collision of said motor vehicles, causing injuries to plaintiff, without any fault or want of care on the part of the plaintiff contributing thereto.

8. (a) By reason of the negligence of defendants, the plaintiff sustained the following injuries which were caused, activated, aggravated and/or exacerbated by defendants actions:

- I. Tears of the anterior and posterior glenoid labra of the right shoulder;
- II. Right shoulder joint effusion;
- III. Pavement burns to right foot;
- IV. Severe right foot sprain;

- V. Pain and swelling at 4th and 5th toes of right foot;
- VI. Sprains of right 4th and 5th toes;
- VII. Lumbar sprain/strain;
- VIII. Cervical sprain/strain;
- IX. Straightening of the normal cervical lordosis; and
- X. Pain and suffering.

(b) Upon information and belief, all injuries claimed herein are permanent in nature.

(c) Plaintiff received treatment from the following medical providers:

New York-Presbyterian Hospital
622 West 168th Street
New York, New York 10032

Bronx Medical Health Services
3626 Bailey Avenue
Bronx, New York 10463

Lenox Hill Radiology & Medical Imaging
61 East 77th Street
New York, New York 10021

Oasis Acupuncture, P.C.
10 Hillside Place
Elmsford, New York 10523

9. (A) Plaintiff, KIZZY JOYE, was confined to bed for approximately 2 months following the accident;

(B) Plaintiff was confined to home for approximately 2 months following the accident;

(C) Plaintiff was treated and released at New York Presbyterian Hospital on April 22, 2007.

10. (A) Plaintiff, KIZZY JOYE was born on April 28, 1977. Plaintiff is not known by any other names than that set forth above. Plaintiff's social security number is 107-60-2242;

(B) Plaintiff was employed as a Collections Clerk;

(C) Plaintiff was employed by Time Warner Cable located at 5120 Broadway, New York, New York 10034;

(D) Plaintiff was earning \$13 per hour at the time of the accident and was working 20 hours per week. Plaintiff would also receive a monthly bonus of \$450.00;

(E) Not applicable;

(F) Plaintiff missed 2 months from work from April 23, 2007 through approximately June 26, 2007.

11. The following are the total amounts claimed as special damages as incurred by plaintiff, KIZZY JOYE:

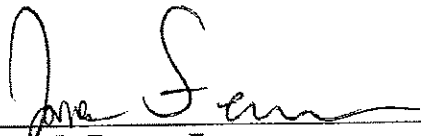
a)	Hospital, clinic or other medical	-	\$1,500.00
b)	X-rays	-	Included above
c)	Physicians	-	Not applicable
d)	Nurses	-	Not applicable
e)	Medical supplies:	-	Not applicable
f)	Loss of earnings	-	\$3,000.00
g)	Other special damages		Not applicable

12. Plaintiff, KIZZY JOYE, sustained a serious injury as defined in the Insurance Law, Section 5102(d) in that she sustained a permanent loss of use of a body organ, member, function or system; permanent consequential limitation of use of a body organ or member; significant limitation of use of a body function or system; and/or a medically determined injury or impairment of a non-permanent nature which prevented the plaintiff from performing substantially all of the material acts which constituted his usual and customary daily activities for not less than 90 days during the 180 days immediately following the occurrence of the injury or impairment.

13. Plaintiff, KIZZY JOYE, resides at 1510 Jesup Avenue, Apt. 1-7, Bronx, New York 10452.

14. Upon information and belief, defendants violated the following: New York Vehicle and Traffic Law § 375(1), §1180, §1212, §1128, §1129. Plaintiff also states that the Court will take Judicial Notice of all other laws, rules, regulations and ordinances that are applicable to the occurrence and/or violated herein.

Dated: New York, New York
April 29, 2008


James L. Ferrara, Esq.
ROSENBAUM & ROSENBAUM, P.C.
Attorney(s) for Plaintiff(s)
50 Broadway, 26th Floor
New York, New York 10004
(212) 514-5007

To: LAW OFFICE OF JOHN P. HUMPHREYS
Attorney(s) for Defendant(s)
JAIME LOPEZ and EDGAR MEZA OVANDO
D/b/a 3 BULLS TRUCKING
485 Lexington Avenue, 7th Floor
New York, New York 10017
(917) 778-6600
File No.: 0913855FS

JENINE SHAW
Co-Defendant
40 A Spruce Street
Newark, New Jersey 07102

VERIFICATION

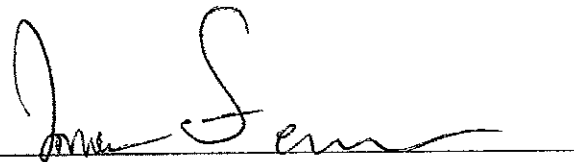
STATE OF NEW YORK - COUNTY OF NEW YORK

I, **James L. Ferrara**, an attorney associated with the **ROSENBAUM & ROSENBAUM, P.C.**, the attorney of record for the plaintiff in the within action; I have read the foregoing ***BILL OF PARTICULARS***, and know the contents thereof; the same is true to my own knowledge, excepted as to those matters therein stated to be alleged upon information and belief, and as to those matters, I believe it to be true. The reason this Verification is made by me and not by plaintiff, is that plaintiff resides outside of the county in which I maintain my law office.

The grounds of my belief as to all matters not stated upon my own knowledge are as follows: a review of the file maintained by this office, books records and investigation.

I affirm that the foregoing statements are true, under penalties of perjury.

Dated: New York, New York
April 29, 2008

A handwritten signature in black ink, appearing to read 'James L. Ferrara', written over a horizontal line.

By: James L. Ferrara
ROSENBAUM & ROSENBAUM, P.C.
Attorney(s) for Plaintiff(s)
50 Broadway, 26th Floor
New York, New York 10004
(212) 514-5007

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Plaintiff,

Index No.: 301553/08

-against-

JENINE SHAW, EDGAR MEZA OVANDO
and JAIME LOPEZ,

Defendants.
-----X

COMBINED DISCOVERY DEMANDS

PLEASE TAKE NOTICE, that pursuant to Article 31 of the Civil Practice Law and Rules plaintiff(s) demand that defendant(s) produce and permit discovery by their attorney or another acting on behalf, of the following articles, documents and things for inspection, copying, testing and photographing:

1. The contents of any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in this action or to indemnify or reimburse for payments made to satisfy the judgment which may be entered herein, including but not limited to excess and additional coverage, together with Declarations Page.

2. Written reports of the incident(s) prepared in the regular course of business by defendants' agents, employees, servants, licensees and/or independent contractors, or based upon information supplied by the foregoing entities or individuals .

3. The names and addresses of all eyewitnesses to the incident(s) described in the complaints, known by defendant(s), its agents, servants, employees, licensees and/ or independent contractors.

4. Copies of any statements or other writings of plaintiff(s), his/her agents, servants, licensees and/or independent contractors or employees, under the control of defendant(s) agents.

5. (a) Identify by name and business address, each person whom defendant(s) expect to call as an expert witness at trial.

(b) The qualification of each expert.

(c) Disclose in reasonable detail the subject matter on which each expert is expected to testify.

(d) The substance of the facts and opinions on which each expert is expected to testify.

(e) The substance of the opinions to which each expert is expected to testify and a summary of the grounds for each opinion.

6. True and complete copies of all statements or transcripts of statements, whether signed or unsigned, obtained from persons who witnessed the subject occurrence, in the event that such statements can no longer be duplicated due to a change in circumstances.

7. Names and addresses of all parties brought into this action, other than those appearing in the caption of the within Notice, and their attorneys as if they have appeared by counsel.

8. (a) Medical reports of those physicians and hospitals who have examined the plaintiff on behalf of the defendant. These shall include a detailed recital of the injuries and conditions as to which testimony will be offered at the trial, referring to and identifying those x-rays and technicians' reports which will be offered at trial.

(b) Medical reports, records, notes, diagnosis, prescriptions, charts and all other records pertaining to the entire course of treatment of the plaintiff(s) by the defendant(s) doctor(s) and hospital(s) herein.

9. Names and addresses of all persons claimed to be witnesses to the:

a. Subject Occurrence

- b. The conditions existing at the time of the occurrence.
- c. Instrumentality that caused the occurrence and/or was involved in said occurrence.
- d. The defect(s) that caused the occurrence and/or was involved in said occurrence.
- e. If it is claimed that plaintiff(s) were negligent, witnesses to the acts and/or omissions constituting plaintiff(s)' negligence.
- f. Any and all witnesses concerning the issues of Actual and/or Constructive Notice.
- g. Any and all witnesses to the physical conditions, disabilities, impairments and injuries claimed by plaintiff(s).

10. True and accurate copies of all photographs, video-tapes, audio tapes, or other films & recordings, as well as transcripts or memoranda pertaining to said items, including but not limited to *out-takes*, purportedly depicting plaintiff's physical condition and/or limitations, together with all correspondence, memoranda, analysis, reports and other writings concerning photographs, videos, and/or film. Said demand is not limited to those materials which a party intends to use during the course of this litigation.

11. True and accurate copies of all photographs of the scene of the accident, the instrumentalities involved in said accident, and/or the dangerous and defective condition involved in said accident.

12. Copy of the registration for defendant's vehicle.

13. Proof of ownership and/or lease of defendant's vehicle.

14. Copies of the employment file of defendant EDGAR MEZA OVANDO.

15. Copies of defendant EDGAR MEZA OVANDO's driving record in defendant's possession.

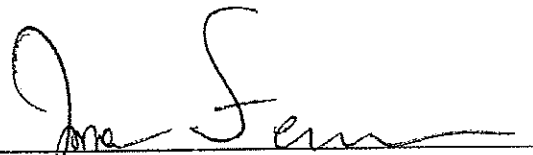
16. Copies of maintenance records for defendant's vehicle for 1 year prior to an including the date of the subject accident.

17. Copies of all violations and summons issued to defendants with respect to the ownership, operation, maintenance and control of defendant's vehicle.

PLEASE TAKE FURTHER NOTICE, that said articles, documents, photographs and things are to be produced within thirty days of service at 10:00 A.M. at the offices of the undersigned, at which time said articles, documents, things and photographs will be physically inspected, copied, tested, photographed and mechanically reproduced and then returned.

PLEASE TAKE FURTHER NOTICE, that the foregoing are continuing demands and that, should any of the requested items or information become available in the future, they are to be furnished to the office of the undersigned pursuant to the foregoing demand. The undersigned shall object at the trial of this action to the introduction into evidence of the terms not produced pursuant to this demand.

Dated: New York, New York
April 29, 2008



James L. Ferrara, Esq.
ROSENBAUM & ROSENBAUM, P.C.
Attorney(s) for Plaintiff(s)
50 Broadway, 26th Floor
New York, New York 10004
212-514-5007

To: LAW OFFICE OF JOHN P. HUMPHREYS
Attorney(s) for Defendant(s)
JAIME LOPEZ and EDGAR MEZA OVANDO
D/b/a 3 BULLS TRUCKING
485 Lexington Avenue, 7th Floor
New York, New York 10017
(917) 778-6600
File No.: 0913855FS

JENINE SHAW
Co-Defendant
40 A Spruce Street
Newark, New Jersey 07102

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff,

- against -

JENINE SHAW, EDGAR MEZA OVANDO
and JAIME LOPEZ,

Defendants.
-----X

PLAINTIFF(S)' DEMAND FOR A BILL OF PARTICULARS

PLEASE TAKE NOTICE that pursuant to the provisions of the Civil Practice Law & Rules, the undersigned hereby demands that you serve upon him, within 30 days, a **Verified Bill of Particulars** of the defendant(s)' claims as alleged in the Answer, setting forth specifically and in detail, the answers to the following items:

1. The approximate time of day that defendant(s) claim plaintiff(s) was/were negligent, giving the day, month, year and approximate hour.

2. The approximate place and location where defendant(s) claim that plaintiff(s) was/were negligent, showing on what street or road, and/or with reference to landmarks or buildings in the vicinity.


3. A general statement of each and every act of negligence, including *acts of omission*, on the part of plaintiff(s) of which defendant(s) claim gives rise to plaintiff(s)' culpable conduct as alleged in the Answer.

4. If this is an automobile accident, set forth a detailed statement which supports defendant(s)' claims that plaintiff(s) failed to set forth a serious injury., as defined by New York's

Insurance Law § 5101 et. seq.

5. Set forth the particular provision of the rules, regulations, statutes and ordinances with the title, article and section number thereof which defendant(s) claim plaintiff(s) violated.

Dated: New York, New York
April 29, 2008


James L. Ferrara, Esq.
ROSENBAUM & ROSENBAUM, P.C.
Attorney(s) for Plaintiff(s)
50 Broadway -26th Floor
New York, N.Y. 10004
212-514-5007

To: LAW OFFICE OF JOHN P. HUMPHREYS
Attorney(s) for Defendant(s)
JAIME LOPEZ and EDGAR MEZA OVANDO
D/b/a 3 BULLS TRUCKING
485 Lexington Avenue, 7th Floor
New York, New York 10017
(917) 778-6600
File No.: 0913855FS

JENINE SHAW
Co-Defendant
40 A Spruce Street
Newark, New Jersey 07102

LIMITED POWER OF ATTORNEY

I, ***Kizzy Joye***, residing in the County of Bronx and State of New York, being of sound and disposing mind and memory, do hereby make, publish and declare this to be a LIMITED POWER OF ATTORNEY.

I, ***Kizzy Joye***, hereby appoint my attorneys, THE LAW OFFICES OF GEORGE DAVID ROSENBAUM, as my representatives authorized by law. As such I am authorizing them to execute written requests for patient information under Public Health Law 18 and to sign all Authorizations for Release of Health Information Pursuant to HIPAA for the sole purpose of my potential or ongoing lawsuit.

This Limited Power of Attorney shall take effect immediately. I understand that unless I revoke it, this Limited Power of Attorney will remain in effect until my claim and/or case is extinguished.



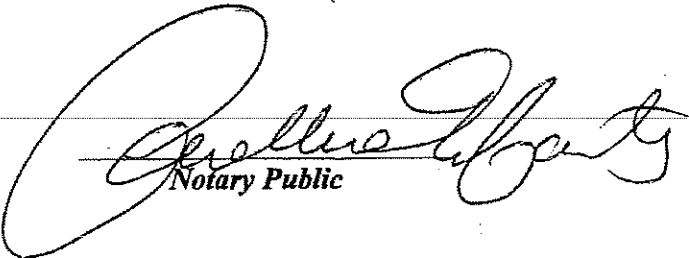
Signature

6/17/07

Date

Sworn to before me this JULY 30, 2007

Day of JULY, 2007



Notary Public

CAROLINA MARTINEZ
Notary Public, State of New York
No. 01MA6139843
Qualified in Bronx County
Commission Expires 1/17/2010



U082462

NewYork-Presbyterian

The University Hospital of Columbia and Cornell

EMERGENCY SERVICES TRIAGE

DATE: 4/22/07 TIME: 10pm

NAME: Kizzy Do Ye

AGE: 25 CHECK ONE: ☐ MALE ☒ FEMALE

MENTAL STATUS:

PERSON ☒ PLACE ☒ TIME ☒

PATIENT STATEMENT/CHIEF COMPLAINT:

ASSESSMENT: TIME:

Immunizations: ☐ Tetanus < 5 yrs☒ Tetanus > 5 yrs

Pain: 1 2 3 4 5 6 7 8 9 10

Character

Duration

Frequency

PAST MEDICAL HISTORY:

ALLERGIES:

MAINTENANCE MEDICATIONS:

LAST TETANUS:

LMP:

NURSE'S SIGNATURE:

TITLE:

ARRIVED VIA: ☒ AMBULANCE ☐ WALK
☐ WHEELCHAIR ☐ OTHERPATIENT CLASSIFICATION: ☐ EMERGENT ☒ URGENT ☐ NON-URGENT

NAME OF PRIMARY M.D.:

ACCOMPANIED BY:

TIME	TRIAL								
10pm									
TEMP	97.6								
BP	100/60								
PULSE	83								
RESP	18								
O ₂ SAT	100%								
PEF	100%								
INITIAL	SP								

STATUS PER ACP

Domestic Violence: are you here because you are now or have been physically hit, hurt, or frightened by someone important in your life? ☐ Yes ☒ No
Would you like to speak to a social worker? ☐ Yes ☒ No

Advanced Directive:

Do you have a Health Care Proxy? ☐ Yes ☒ No

If yes, Name, Telephone #:

If no, do you wish to see someone about obtaining one? ☐ Yes ☒ No

PAST MEDICAL HISTORY:

ALLERGIES:

MAINTENANCE MEDICATIONS:

LAST TETANUS:

LMP:

NURSE'S SIGNATURE:

TITLE:

MEDICAL RECORDS COPY

myself
to go
past
out of
2/20

Agency ID 0502		Branch # 173		Shift # 3		Today's Date 04/22/07		1st Resp. Agency 3245		Call # 3245			
Call Times (24hr)		Mileage (odometer)		Crew Member ID		Vehicle Unit #		Registered By		Requester By Code			
Time Call Received 2109		Patient Contact Time 2136		Start 0.0		Driver To 1 8307		Documenter 1 1313		<input type="checkbox"/> 911 <input type="checkbox"/> Private Requested By Code			
Dispatched 2109		Left Scene 2136		On Scene 0.2		2		Other Vehicle					
En Route 2109		At Destination		At Destination 1.1		3		Factors Affecting Delivery		<input type="checkbox"/> Traffic <input type="checkbox"/> Weather <input type="checkbox"/> Road <input type="checkbox"/> Delay <input type="checkbox"/> Distance <input type="checkbox"/> Direction <input type="checkbox"/> Exit/Entrance <input type="checkbox"/> Hazmat <input type="checkbox"/> Unstable Scene <input type="checkbox"/> MCI <input type="checkbox"/> Veh. Problem <input type="checkbox"/> Barrier <input type="checkbox"/> Clean Up <input type="checkbox"/> Documentation <input type="checkbox"/> ED crowded <input type="checkbox"/> Other			
On Scene 2111		In Service				4		To Scene To Patient To Hospital At Hospital					
Run Disposition		Dispatch Reason		Run Type		Destination Determination		Transport From Code		Transport To Code			
<input type="checkbox"/> Treated / Transported <input type="checkbox"/> Treated / Transferred Care <input type="checkbox"/> Treated / No Transport <input type="checkbox"/> Transported / Refused Care <input type="checkbox"/> Cancelled <input type="checkbox"/> Pronounced Dead <input type="checkbox"/> Treat/Transport Private Veh <input type="checkbox"/> No Transport/Refused Care <input type="checkbox"/> Other <input type="checkbox"/> No Patient Found		EMD Code Type Priority Desc (01-99) (A-O) (1-9)		<input type="checkbox"/> Emergency (Immediate) <input type="checkbox"/> Non-Emergency <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Interfacility <input type="checkbox"/> Stand-By <input type="checkbox"/> Intercept <input type="checkbox"/> Scheduled		<input type="checkbox"/> Nearest Facility <input type="checkbox"/> Weather / Supervisor <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Hospital Diversion <input type="checkbox"/> Medical Protocol <input type="checkbox"/> Online Physician <input type="checkbox"/> Mass Casualty <input type="checkbox"/> Special Resources		<input type="checkbox"/> Patient / Family Choice <input type="checkbox"/> Managed Care <input type="checkbox"/> Patient Physician <input type="checkbox"/> Other <input type="checkbox"/> Diverted From Code <input type="checkbox"/> Diverted Time		<input type="checkbox"/> Home / Residence <input type="checkbox"/> Residential, Custodial Facility <input type="checkbox"/> Scene of Accident or Acute Event <input type="checkbox"/> Educational Inst. <input type="checkbox"/> Street/Hwy <input type="checkbox"/> Farm <input type="checkbox"/> Other <input type="checkbox"/> Industrial Place <input type="checkbox"/> Unspecified <input type="checkbox"/> Mine / Quarry <input type="checkbox"/> Public Building <input type="checkbox"/> Recreation/Sport		<input type="checkbox"/> Or Use <input type="checkbox"/> Transport From Code (i.e. Hosp, SNF) <input type="checkbox"/> Transport To Code	
<input type="checkbox"/> Lights/Siren <input type="checkbox"/> To Scene <input type="checkbox"/> To Destination		<input type="checkbox"/> Upgraded <input type="checkbox"/> Downgraded		<input type="checkbox"/> Nearest Facility Passed <input type="checkbox"/> Est. Miles Beyond		<input type="checkbox"/> Site of Transfer (Between Ambulances)		<input type="checkbox"/> # of Patients Transported		<input type="checkbox"/> # of Patients at Scene			
Incident Address (Check the Box if same as Transport From Code)													
W 178 FT WASHINGTON AVE													
City NEW YORK County Code NY State / Prov NY Zip Code													
First Name MI Last Name													
K 1724 J JOYE													
Street Address (Check the Box if same as Incident Address)													
1095 UNIVERSITY AVE													
City BRONX State/Prov NY Zip Code 10452													
Home Phone Social Security Number Date of Birth													
646-408-7925 107602242 04-28-1977													
Medicare # Medicaid # Ethnicity													
<input type="checkbox"/> Unknown <input type="checkbox"/> Black, Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> White, Hispanic													
Insurance Company Name Payer ID													
Policy Number Group Number													
Policy Holder First Name Policy Holder Last Name Same As Patient Address Phone													
Guarantor First Name (Needed if under 18 or Disabled) Guarantor Last Name Same As Patient Address Phone													
Airway Breathing Circulation (Skin) Pupils (Pupils) IR Time Glasgow													
<input type="checkbox"/> Patient <input type="checkbox"/> Partially Obstructed <input type="checkbox"/> Stridor <input type="checkbox"/> Choking <input type="checkbox"/> Drooling <input type="checkbox"/> Grunting <input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Nasal Flaring <input type="checkbox"/> Intercostal Retraction <input type="checkbox"/> Other <input type="checkbox"/> Completely Obstructed													
Rate Quality <input type="checkbox"/> Normal <input type="checkbox"/> Unlabored <input type="checkbox"/> Slow <input type="checkbox"/> Labored <input type="checkbox"/> Rapid <input type="checkbox"/> Shallow <input type="checkbox"/> Apneic <input type="checkbox"/> Irregular L Lung Sounds R <input type="checkbox"/> Clear <input type="checkbox"/> Wet <input type="checkbox"/> Wheeze <input type="checkbox"/> Diminished <input type="checkbox"/> Absent													
Color Normal Cyanotic Pale Flush Temp. Normal Hot Cool Cold Cond. Normal Diaphoretic Moist Dry Hives Itchy Rash Swollen Erythema Cap. Refill <2Sec >2Sec Absent Edema Normal 1+ 2+ 3+ Pitting													
Reacts Sluggish Unreactive Dilated Constricted <input type="checkbox"/> NSR <input type="checkbox"/> PVC's >8 <input type="checkbox"/> S. Tach. <input type="checkbox"/> Bi / Trigem <input type="checkbox"/> S. Brady. <input type="checkbox"/> AV Block <input type="checkbox"/> PAC's <input type="checkbox"/> Junctional <input type="checkbox"/> SVT <input type="checkbox"/> V. Tach <input type="checkbox"/> A. Flutter <input type="checkbox"/> V. Fib <input type="checkbox"/> Atrial Fib. <input type="checkbox"/> P. E. A <input type="checkbox"/> PVC's <input type="checkbox"/> Asystole <input type="checkbox"/> Paced													
EYES <input type="checkbox"/> Spontaneous <input type="checkbox"/> To Speech <input type="checkbox"/> To Pain <input type="checkbox"/> Not at all <input type="checkbox"/> Orientated <input type="checkbox"/> Confused <input type="checkbox"/> Inappr. Words <input type="checkbox"/> Inappr. Sounds <input type="checkbox"/> None <input type="checkbox"/> Obeys Command <input type="checkbox"/> Localized Pain <input type="checkbox"/> Withdraws to Pain <input type="checkbox"/> Flexes to Pain <input type="checkbox"/> Extends to Pain <input type="checkbox"/> None Totals (3 to 15)													
Provider Impression <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Carbon Mon. Poison <input type="checkbox"/> GI-Bleed <input type="checkbox"/> Asthma Symptoms <input type="checkbox"/> Obvious Death <input type="checkbox"/> GI-Constipation <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Hemorrhage (severe medical) <input type="checkbox"/> GI-Diarrhea <input type="checkbox"/> Dyspnea-SOB <input type="checkbox"/> Shock <input type="checkbox"/> Vomiting <input type="checkbox"/> Apnea <input type="checkbox"/> Trauma Injury (matrix) <input type="checkbox"/> Vomiting Blood <input type="checkbox"/> Cough W/Blood <input type="checkbox"/> Post-Op Complication <input type="checkbox"/> Nausea <input type="checkbox"/> Airway Obstruction <input type="checkbox"/> Eye Symp. (no trauma) <input type="checkbox"/> Dehydration Symp. <input type="checkbox"/> Pulmonary Edema <input type="checkbox"/> Restraints Required													
Mechanism of Injury <input type="checkbox"/> Alcohol Intox. Suspect <input type="checkbox"/> Fall 2X Height <input type="checkbox"/> Alcohol Intox Severe <input type="checkbox"/> Fall > 20 ft <input type="checkbox"/> Animal Bite <input type="checkbox"/> Fall <input type="checkbox"/> Assault Firearms <input type="checkbox"/> Fight / Brawl <input type="checkbox"/> Assault Sexual <input type="checkbox"/> Fire <input type="checkbox"/> Assault Stabbing <input type="checkbox"/> Hazardous Materials													
Injury <input type="checkbox"/> Major <input type="checkbox"/> Internal Injuries ? <input type="checkbox"/> Amputation <input type="checkbox"/> Penetrating <input type="checkbox"/> Bleeding <input type="checkbox"/> Bruising <input type="checkbox"/> Burn <input type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Pain <input type="checkbox"/> Laceration <input type="checkbox"/> Paralysis / Numbness <input type="checkbox"/> Swelling <input type="checkbox"/> Soft Tissue Injury													

<input type="checkbox"/> Cancelled <input type="checkbox"/> Pronounced Dead <input type="checkbox"/> Treat/Transport Private Veh <input type="checkbox"/> No Transport/Refused Care <input type="checkbox"/> Other <input type="checkbox"/> No Patient Found		Type (01-99) <input type="checkbox"/> Priority Desc (A-C) (1-9) Lights/Siren <input type="checkbox"/> Upgraded <input type="checkbox"/> Downgraded <input type="checkbox"/> To Scene <input type="checkbox"/> To Destination		Interfacility = <input type="checkbox"/> Stand-By <input type="checkbox"/> Intercept <input type="checkbox"/> Scheduled Hospital Diversion <input type="checkbox"/> Medical Protocol <input type="checkbox"/> Online Physician <input type="checkbox"/> Mass Casualty <input type="checkbox"/> Special Resources		3 Scene of Accident or Acute Event <input type="checkbox"/> Educational Inst. <input type="checkbox"/> Street/Hwy <input type="checkbox"/> Farm <input type="checkbox"/> Industrial Place <input type="checkbox"/> Mine / Quarry <input type="checkbox"/> Public Building <input type="checkbox"/> Recreation/Sport		(I.e. Hosp, SNF) Transport To Code # of Patients Transported # of Patients at Scene	
Incident Address (Check the Box if same as Transport From Code) W 178 FT WASHINGTON AVE NEW YORK County Code NY Zip Code 100									
First Name MI Last Name A1729 JAYE Street Address (Check the Box if same as Incident Address) 1095 UNIVERSITY AVE City State/Prov Zip Code Apt Number BROOKLYN NY 10452 1045									
Home Phone Social Security Number Date of Birth 646-408-7929 107602242 04-28-1977									
Medicare # Medicaid # Insurance Company Name Payer ID Policy Number Group Number Policy Holder First Name Policy Holder Last Name Guarantor First Name (Needed if under 18 or Disabled) Guarantor Last Name									
Ethnicity <input type="checkbox"/> Unknown <input type="checkbox"/> Black, Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> White, Hispanic									
Auto Ins. <input type="checkbox"/> Private Ins. <input type="checkbox"/> Supplemental <input type="checkbox"/> Workers Comp. <input type="checkbox"/> Self Pay									
Airway Breathing Circulation (Skin) Pupils Glasgow Patent Partially Obstructed Stridor Choking Drooling Grunting Difficulty Swallowing Nasal Flaring Intercostal Retraction Other Completely Obstructed Rate Quality Normal Unlabored Slow Labored Rapid Shallow Apneic Irregular Lung Sounds Clear Wheeze Diminished Absent Color Normal Cyanotic Pale Flush Temp. Normal Hot Cool Cold Cond. Normal Diaphoretic Moist Dry Hives Itchy Rash Swollen Erythema Cap. Refill <2Sec >2Sec Absent Edema Normal 1+ 2+ 3+ Pitting Reacts Sluggish Unreactive Dilated Constricted NSR PVC's >6 S. Tach. Bi / Trigem S. Brady. AV Block PAC's Junctional SVT V. Tach V. Fib A. Flutter P. E. A Atrial Fib. Asystole PVC's Paced Eys 4 Spontaneous 4 To Speech 3 To Pain 2 Not at all 1 Ver 5 Orientated 5 Confused 4 Inappr. Words 3 Inappr. Sounds 2 None 1 Motor 8 Obeys Command 6 Localized Pain 5 Withdraws to Pain 4 Flexes to Pain 3 Extends to Pain 2 None 1 Totals (3 to 15)									
Abdominal Impression Abdominal Pain GI-Bleed GI-Constipation GI-Diarrhea Vomiting Vomiting Blood Jaundice Dehydration Symp. Urinary Bleeding Irritation Problem Anxiety Behavioral Disorder Depression (acute) Agitation Weakness Psychiatric Emerg. Adverse (no trauma) Trauma Level Consciousness Sureness Unconscious Diarrhea Symptoms St Pain Scope / Fainting Cardiac Arrest * Carbon Mon. Poison Obvious Death Hyperventilation Dyspnea-SOB Apnea Airway Obstruction Pulmonary Edema Pneumonia Symptoms Respiratory Failure Respiratory Arrest Newborn Ob / Gyn OB-GYN (complicated) Flu Symptoms Elevated Temp./Fever Sore Throat Allergic Reaction Medication Reaction Diabetic Symptoms Back Pain (no trauma) Hyperthermia Hypothermia Poisoning Mechanism of Injury Alcohol Intox. Suspect Alcohol Intox Severe Animal Bite Assault Firearms Assault Sexual Assault Stabbing Bicycle Accident Blunt Trauma Burn/Scald-Non Fire Diving Injury Near Drowning Drug Overdose Elderly Abuse Electrocutation Excessive Cold Excessive Heat Injury Intent: Unintentional Unknown Other MOI Intentional N/A Intentional Self									
Injury Head Face Neck Chest Back Shoulder Upper Arm Elbow / Forearm Wrist Hand Fingers Abdomen Pelvis / Hip Genitals Upper Leg Knee Lower Leg Ankle / Foot Toes Major Injuries? Internal Injuries?									
Chief Complaint MY FOOT IS BURNING SH6001 (1 of 2), Rev 10, 02/06 Copyright 2001, 2002									

[illegible]

☒ Asthma ☐ Chronic Renal Failure ☐ Cancer ☐ CVA / Stroke ☐ Dialysis ☐ HIV / AIDS ☐ Psychiatric Problems ☐ Substance Abuse ☐ Tuberculosis
☐ Amputee ☐ Chronic Respiratory Failure ☐ Cardiac ☐ Diabetes ☐ Emphysema ☐ Hypertension ☐ Seizure Disorder ☐ Tracheostomy ☒ Other

Medication: ALPRINOLONE 50mg tablets, 5/10/81

[illegible][illegible]

(Page 2)

(valenti) 2473313 JOYE, KIZZY

Page 1 of 1

X-Ray of Foot, 3 Views 2007-04-23 00:08

Document Number	TX
Examination Type	RFOOT 3 VIEWS
Clinical Information	PAIN BASE OF 4TH/5TH TOES
Impression	No displaced fracture or dislocation.
Description	History: Pain at base of the fourth and fifth toes. Findings: Three views of the right foot dated 4/23/07 reveal no evidence of a displaced fracture or dislocation. No other bony abnormality is seen.
Dictated by	RASIEJ, MICHAEL
Attending Radiologist	REAGAN, KATHLEEN
Ordering Physician	HODGES, KIMBERLEE J. M.D.
Dictation Date	04/23/2007
Typing Date	04/23/2007 03:20
Transcriber	msi
Number	XV07-20744
Electronic signature	Attending Radiologist REAGAN, KATHLEEN Images Reviewed, Report Edited and Signed by: KATHLEEN REAGAN M.D. 04/23/200720:17

Status: final, Accno XV07-20744

2473313 • JOYE, KIZZY • 1977-04-28 • F

OASIS ACUPUNCTURE PC
10 HILLSIDE PLACE
ELMSFORD, NY 10523
914-909-2089
ID#: 20-5006945
NIVEDITA REVANKAV LAC LAC 55#:
Wednesday April 30, 2009

Patient : KIZZY JOYE #1116
Itemized Statement: 04/27/2007 - 04/30/2009
DOB : 04/28/1977
Onset date : 04/22/2007

Mail to:
KIZZY JOYE
1510 JESSUP AVE
BRONX, NY 10452

Insured
KIZZY JOYE
1510 JESSUP AVE
BRONX NY 10452
DOB: 04/28/1977
Policy#: NJP58169##491764

Insurance Carrier (primary)
MERCURY INDEMINITY
PO BOX 5919
BRIDGEWATER NJ 08807

Current Diagnosis
719.40 PAIN IN JOINT SITE UNS
784.0 HEADACHE

Date	Description	Amount
04/27/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
04/27/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
04/30/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
04/30/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/02/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/02/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/04/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/04/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/07/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/07/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/09/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/09/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/15/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/15/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/16/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/16/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/18/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/18/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/22/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/22/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/29/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/29/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/31/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/31/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/05/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/05/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/07/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/07/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/12/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/12/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/13/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/13/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/15/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/15/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/18/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/18/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/20/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/20/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
07/16/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
07/16/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
07/30/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
07/30/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00

Page 2 Patient: KIZZY JOYE

Date	Description	Amount
08/06/07	Payer payment Chk#111016... applied to svcs: 05/29/07 - 06/12/07	\$ -380.00
08/13/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
08/13/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
08/23/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
08/23/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
08/27/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
08/27/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
09/10/07	Payer payment Chk#111016... applied to svcs: 06/13/07 - 06/20/07	\$ -304.00
09/10/07	AS PER FEE SCHEDULE applied to svcs: 06/13/07 - 06/20/07	\$ -76.00
09/24/07	Payer payment Chk#111017... applied to svcs: 07/16/07 - 07/16/07	\$ -76.00
09/24/07	AS PER FEE SCHEDULE applied to svcs: 07/16/07 - 07/16/07	\$ -19.00
10/04/07	Payer payment Chk#111017... applied to svcs: 07/30/07 - 08/27/07	\$ -364.37
10/04/07	AS PER FEE SCHEDULE applied to svcs: 07/30/07 - 08/27/07	\$ -15.63

Total Sales Tax	:	\$	0.00
Total Late Charges	:	\$	0.00
Total Interest Charges	:	\$	0.00
Patients-Cash Rcvd	:	\$	0.00
Patients-Chks Rcvd	:	\$	0.00
Patients-Crdt Crd	:	\$	0.00
Payer Payments	:	\$	1124.37
AS PER FEE SCHEDULE	:	\$	110.63

Total Charges	:	\$	2280.00
Total Received	:	\$	1124.37
Total Adjustment	:	\$	110.63
Balance (based on search)	:	\$	1045.00

Acupuncture Initial Exam

Patient Name: Joye, KizzyDOB: 4/28/77Date of Accident: 4/22/07Exam Date: 4/27/07History:

☒ The patient stated that he/she was a driver/front seat/rear seat passenger behind the driver/ behind the passenger of a car/ bus/truck/ bicycle/motorcycle, when it was involved in a collision with another vehicle. *Pt. went to Columbia Presbyterian. She was in the process of getting into the car when she was hit.*

☐ The patient was sitting in the driver's /passenger's seat of the parked car when the car was struck by another motor vehicle.

☐ The patient was hit by a motor vehicle while crossing the street.

He/She ☐ was ☐ was not working at the time of the accident.

Chief Complaints:

Mediators up and down legs - C7 to L5 (B. Shanks)
cannot move
R foot - 4th + 5th digits → feels numb; HFA (R side - trapped)

Past Medical History:

Asthma (Chronic); Legally blind in R eye

ExaminationPostural Observation:

The patient's posture was observed during examination. The patient's posture was

☐ Poor ☒ Good ☐ Unremarkable

Other Postural Findings: _____

(1)

Muscle Tension:

Upon examination the patient was found to have pain and tightness of:

N/A Neck ☐ Left ☐ Right ☐ Bilaterally

Shoulders ☐ Left ☐ Right ☐ Bilaterally

Mid Back ☐ Left ☐ Right ☐ Bilaterally

Low Back ☐ Left ☐ Right ☐ Bilaterally

Other Areas _____

Cervical Ranges of Motion:

Examination of the patient's cervical ranges of motion revealed the following:

N/A Flexion ☐ Restricted ☐ Not Restricted

Extension ☐ Restricted ☐ Not Restricted

Right Rotation ☐ Restricted ☐ Not Restricted

Left Rotation ☐ Restricted ☐ Not Restricted

Right Lat. Flexion ☐ Restricted ☐ Not Restricted

Left Lat. Flexion ☐ Restricted ☐ Not Restricted

Lumbar Ranges of Motion:

Examination of the patient's lumbar ranges of motion revealed the following:

N/A Flexion ☐ Restricted ☐ Not Restricted

Extension ☐ Restricted ☐ Not Restricted

Right Rotation ☐ Restricted ☐ Not Restricted

Left Rotation ☐ Restricted ☐ Not Restricted

Right Lat. Flexion ☐ Restricted ☐ Not Restricted

Left Lat. Flexion ☐ Restricted ☐ Not Restricted

Palpation:

Palpation of meridians indicated pain and/or sensitivity along the following pathways:

☒ Urinary Bladder ☒ Gall Bladder ☐ Small Intestine ☒ Large Intestine ☐ San Jiao

Other Palpation findings: St, Liv, SP, KD

Pain Level: ☐ No Pain ☐ Mild ☐ Moderate ☒ Very Painful ☐ Severe

Additional Examinations:

TMC Tongue Analysis: sturdy

Pulse: thready

Impression:

Based upon my examination of the patient today, my initial TCM diagnosis

is: Qi + Blood Stg

☒ Taiyang (SI/UB) ☒ Shaoyang (GB/SI)

☒ Yangming (LI/St) ☒ Taiyin (Lu, Sp)

☒ Shaoyin (Ht, Kid) ☒ Jueyin (PC, Liv)

☐ Du ☐ Ren

☐ Other _____

Treatment Plan:

Based upon my findings, I recommend Acupuncture treatment 3 times per week, with a re-evaluation after 2 weeks. The patient should continue regular treatment until relief and/or correction is observed through continued clinical observation. The patient's progress will be monitored during each treatment session. All findings and results will be recorded in SOAP note format for each treatment.

Prognosis: ☒ Guarded ☐ Poor ☐ Excellent

[Signature]
Acupuncturist Signature

7/27/07
Date

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
ASSIGNMENT OF BENEFITS FORM**

(FOR ACCIDENTS ON AND AFTER 3/1/02)

Kizzzy Soye ("Assignor") hereby assign to _____ ("Assignee") all
(print patient name)

rights, privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (The No-Fault Statute) of the Insurance Law. The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained due to the motor vehicle accident, which occurred on 04.22.2007 not withstanding any other agreement to the contrary.

(print accident date)

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Kizzzy Soye
(Print Name of Patient)

x [Signature]
(Signature of Patient)

(Address)

(Date of Signature)

x Jeanette Kim-Lan
(Print Provider Name)

x [Signature]
(Signature of Provider)

3626 Bailey Avenue, Bronx, NY 10463
(Address of Provider)

4/27/07
(Date of Signature)

NYS FORM NF-AOB (REV 1/2004)

END OF FORM

AUTHORIZATION

I FURTHER AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS AND RECORDS OF INFORMATION TO THE PROVIDER LISTED IN THE NYS FORM NF-AOB, ITS REPRESENTATIVES, OR ASSIGNS AND SPECIFICALLY WAIVE ANY PRIVILEGE THAT MAY BE ASSOCIATED THEREWITH.

[Signature]
(Signature of Patient)

4/27/07
(Date of signature)

3626 Bailey Avenue
Bronx, NY 10463

Patient's Name

Joy, Fizzy

DOA 4/22/07

Treatment Zones:

Lower Back

BL 22, 23, 24, 25, 26, 27, 28, 31, 32, 48

Upper Back

GB 21 TH 15 SI 3, 11, 12, 13, 14, 15 UB 13, 14

Neck

GB 20 UB 10 TH 17

Shoulder

LI 15, 16 TH 14 SI 9, 10

Hip

GB 29, 30

Knee

ST 34, 35, 36 SP 9, 10 GB 34 KID 10

Headache (R tap)

LI 4

Elbow

LI 10, 11, 12 SI 8

Wrist

LI 5 TH 4 SI 5, 6 LU 8, 9 P 6, 7

Ankle

ST 41 GB 40 SP 5 LV 4 BL 60, 62

HT 6, 7

KID 3

DATE	SYMPTOMS	TREATMENT	PLAN	COMMENTS
4/27/07	R foot	R-EB 91, CIV 3 (ES)	3x weekly 2 weeks	Pt. tolerated Tx well
4/30/07	(R) foot pain	(R) Li 4, 503 (ES)		Cont Tx
5/2/07	(R) foot pain	(R) Liv 3, GB 41 (ES)		Pt does not want Ac on hands Prefers local Tx.
5/4/07	(R) foot pain	(R) Lv 3, GB 41 (ES)		Cont Tx
5/7/07	(R) foot pain	(R) Lv 3, UB 60 (ES)		Pain w/ flexion of toes lateral foot Cont Tx

3626 Bailey Avenue
Bronx, NY 10463

Patient's Name

Kizzy Joye

DOA

4/22/07

Treatment Zones:

Lower Back

BL 22, 23, 24, 25, 26, 27, 28, 31, 32, 46

Upper Back

GB 21 TH 15 SI 3, 11, 12, 13, 14, 15 UB 13, 14

Neck

GB 20 UB 10 TH 17

Shoulder

LJ 15, 16 TH 14 SI 8, 10

Hip

GB 29, 30

Knee

ST 34, 35, 36 SP 9, 10 GB 34 KID 10

Headache

LI 4

Elbow

LI 10, 11, 12 SI 8 TH 10, 11 HT 3

Wrist

LI 5 TH 4 SI 5, 6 LU 8, 9 P 8, 7 HT 6, 7

Ankle

ST 41 GB 40 SP 5 LV 4 BL 60, 62 KID 3

DATE	SYMPTOMS	TREATMENT	PLAN	COMMENTS
5/9/07	Ⓡ foot pain UB ch.	Ⓛ UB 60, 65 Ⓛ ES		Cent Tx
5/18/07	R ft p	R- GB 41, UB 65 Ⓛ ES		7 p. also for. nplone; cal tr UB 27, 28, 29, 30, 31, 32, 33, 34
5/18/07	Ⓡ spine N2	GB 41 Ⓛ ES		
5/18/07	LP P oval at leg, R AP	GB 41 Ⓛ ES Add lat Ⓛ ES		
5/22/07	R UAP -	L- Lighter 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.		Cent tx

3626 Bailey Avenue
Bronx, NY 10463

Patient's Name

King, Joe

DOA

4/22/07

Treatment Zones:

Lower Back

BL 22, 23, 24, 25, 26, 27, 28, 31, 32, 48

Upper Back

GB 21 TH 15 SI 3, 11, 12, 13, 14, 15 UB 13, 14

Neck

GB 20 UB 10 TH 17

Shoulder

LI 15, 16 TH 14 SI 9, 10

Hip

GB 29, 30

Knee

ST 34, 35, 36 SP 9, 10 GB 34 KID 10

Headache

LI 4

Elbow

LI 10, 11, 12 SI 8 TH 10, 11 HT 3

Wrist

LI 5 TH 4 SI 5, 6 LU 8, 9 P 6, 7 HT 6, 7

Ankle

ST 41 GB 40 SP 5 LV 4 BL 60, 62 KID 3

DATE	SYMPTOMS	TREATMENT	PLAN	COMMENTS
5/2/07	R. LBP	L- Lig M. Dorsi, 2nd Bk (P)		Out tx; CBP under table and then needles
5/2/07	NP/UBP	GB21, 5515 (P)		out tx.
5/5/07	NP (R)	R- GB21, 5515, Ac. (R). (B)		cont tx
5/7/07	R foot pain	R- GB34, GB41 - (B)	3x week/ 4 weeks	R foot pain - feels like sharp pain CBP - not effective NP/UBP. better > 4x better
5/11/07	R knee numbness	L- An-shi on (und) up 2nd digit (B)		out tx

3626 Bailey Avenue
Bronx, NY 10463

Patient's Name

Joy, Kory

DOA

4/26/07

Treatment Zones:

Lower Back

BL 22, 23, 24, 25, 26, 27, 28, 31, 32, 48

Upper Back

GB 21 TH 15 SI 3, 11, 12, 13, 14, 15 UB 13, 14

Neck

GB 20 UB 10 TH 17

Shoulder

LI 15, 16 TH 14 SI 9, 10

Hip

GB 29, 30

Knee

ST 34, 35, 36 SP 8, 10 GB 34 KID 10

Headache

LI 4

Elbow

LI 10, 11, 12 SI 8 TH 10, 11 HT 3

Wrist

LI 5 TH 4 SI 5, 6 LU 8, 9 P 6, 7 HT 6, 7

Ankle

ST 41 GB 40 SP 5 LV 4 BL 60, 62 KID 3

DATE	SYMPTOMS	TREATMENT	PLAN	COMMENTS
6/14/07	R foot pain	L-SI 3, 5, 33 (ES)		Cont Tx
6/15/07	R foot pain	Sp6, GB34, UB64 ST 43		Cont. tx
6/18/07	(R) Foot pain	(R) UB60, 64, GB41 (ES)		Cont Tx
6/20/07	(R) Foot pain / 3rd toe numb	(R) GB40, 2 Ashi bet a web (ES)		Cont Tx
7/16/07	(R) Foot pain	(R) GB40, Lv3, GB42 (ES)		Cont Tx

3626 Bailey Avenue
Bronx, NY 10463

Patient's Name

Joye Kizzy

DOA 4/22/07

Treatment Zones:

Lower Back

BL 22, 23, 24, 25, 26, 27, 28, 31, 32, 48

Upper Back

GB 21 TH 15 SI 3, 11, 12, 13, 14, 15 UB 13, 14

Neck

GB 20 UB 10 TH 17

Shoulder

LI 15, 16 TH 14 SI 9, 10

Hip

GB 29, 30

Knee

ST 34, 35, 36 SP 9, 10 GB 34 KID 10

Hand/Ankle

LJ 4

Elbow

LI 10, 11, 12 SI 8 TH 10, 11 HT 3

Wrist

LI 5 TH 4 SI 5, 6 LU 8, 9 P 6, 7 HT 6, 7

Ankle

ST 41 GB 40 SP 5 LV 4 BL 80, 82 KID 3

DATE	SYMPTOMS	TREATMENT	PLAN	COMMENTS
7/30/07	Ⓟ Foot pain	Ⓟ GB 40, Ba Xie Ⓟ	2x/week For 4 week	Ⓟ Foot - 0/10 HA - 0/10 Cont TPO
8/13/07	Ⓟ Foot pain	Ⓟ GB 40, WS 60, GB 44 Ⓟ		Cont TPO
8/27/07	Ⓟ FP	Ⓟ GB 40, 41, WS 60		Cont TPO
8/27/07	Ⓟ Foot tightness	Ⓟ GB 40, 42, 2 Ashi web of pinky, 9th toe. Ⓟ	1 x/week For 2 weeks	Pt claims no foot pain only tightness 0/10

Bronx Medical Health Services, PC
 3626 Bailey Avenue
 Bronx, NY 10463
 718-601-1713
 ID#: 11-3544727
 Wednesday August 15, 2007

Patient : Kizzy Joye #2741
 Itemized Statement: 05/04/2007 - 08/15/2007
 DOB : 04/28/1977
 Onset date : 04/22/2007

Mail to:
 Kizzy Joye
 1510 Jesup Avenue apt #1-7
 Bronx NY 10452

Insured
 Kizzy Joye
 1510 Jesup Avenue apt #1-7
 Bronx NY 10452
 DOB: 04/28/1977
 Policy#:

Insurance Carrier (primary)
 Mercury Indemnity Company of Americ
 P. O. Box 5919
 Bridgewater NJ 08807

Attorney
 Craig Rosenbaum, Esq.
 50 Broadway Suite 26th floor
 New York NY 10004

Employer

Date	Description	Amount
05/04/07	99205 Medical Doctor Initial Visit	\$ 154.30
05/07/07	97001 Physical therapy initial EVAL	\$ 80.02
05/07/07	97010 hot/cold pack	\$ 20.03
05/07/07	97014 electrical stimulation	\$ 22.48
05/09/07	97010 hot/cold pack	\$ 20.03
05/09/07	97014 electrical stimulation	\$ 22.48
05/11/07	97010 hot/cold pack	\$ 20.03
05/11/07	97014 electrical stimulation	\$ 22.48
05/11/07	97124 Massage	\$ 22.14
05/15/07	97010 hot/cold pack	\$ 20.03
05/15/07	97014 electrical stimulation	\$ 22.48
05/15/07	97124 Massage	\$ 22.14
05/15/07	97010 hot/cold pack	\$ 20.03
05/15/07	97014 electrical stimulation	\$ 22.48
05/15/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
05/17/07	97010 hot/cold pack	\$ 20.03
05/17/07	97014 electrical stimulation	\$ 22.48
05/17/07	97124 Massage	\$ 22.14
05/18/07	97010 hot/cold pack	\$ 20.03
05/18/07	97014 electrical stimulation	\$ 22.48
05/18/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
05/22/07	97010 hot/cold pack	\$ 20.03
05/22/07	97014 electrical stimulation	\$ 22.48
05/22/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
05/29/07	97010 hot/cold pack	\$ 20.03
05/29/07	97014 electrical stimulation	\$ 22.48
05/29/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
05/31/07	97010 hot/cold pack	\$ 20.03
05/31/07	97014 electrical stimulation	\$ 22.48
05/31/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
06/05/07	97010 hot/cold pack	\$ 20.03
06/05/07	97014 electrical stimulation	\$ 22.48
06/05/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
06/07/07	97010 hot/cold pack	\$ 20.03
06/07/07	97014 electrical stimulation	\$ 22.48
06/07/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
06/12/07	97010 hot/cold pack	\$ 20.03
06/12/07	97014 electrical stimulation	\$ 22.48
06/12/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
06/14/07	97010 hot/cold pack	\$ 20.03
06/14/07	97014 electrical stimulation	\$ 22.48
06/14/07	97110 52 Therapeutic Exercises Modified	\$ 25.09

Page 2 Patient: Kizzy Joye

Date	Description	Amount
06/15/07	97010 hot/cold pack	\$ 20.03
06/15/07	97014 electrical stimulation	\$ 22.48
06/15/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
06/18/07	95903 NCV Right Peroneal Motor	\$ 166.47
06/18/07	95903 NCV Right Tibial Motor	\$ 166.47
06/18/07	95904 NCV Right Sural Sensory	\$ 106.47
06/18/07	95903 NCV Left Peroneal Motor	\$ 166.47
06/18/07	95903 NCV Left Tibial Motor	\$ 166.47
06/18/07	95904 NCV Left Sural Sensory	\$ 106.47
06/18/07	95934 NCV Right S1	\$ 119.99
06/18/07	95934 NCV Left S1	\$ 119.99
06/18/07	99214 Medical Follow Up Visit - Med. Complex	\$ 71.49
06/20/07	97010 hot/cold pack	\$ 20.03
06/20/07	97014 electrical stimulation	\$ 22.48
06/20/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
06/27/07	97010 hot/cold pack	\$ 20.03
06/27/07	97014 electrical stimulation	\$ 22.48
06/27/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
07/16/07	97010 hot/cold pack	\$ 20.03
07/16/07	97014 electrical stimulation	\$ 22.48
07/16/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
07/18/07	97010 hot/cold pack	\$ 20.03
07/18/07	97014 electrical stimulation	\$ 22.48
07/18/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
07/30/07	99214 Medical Follow Up Visit - Med. Complex	\$ 71.49
08/06/07	Payer payment Chk#111016... applied to svcs: 05/04/07 - 05/04/07	\$ -154.30
08/06/07	Payer payment Chk#111016... applied to 97001 (05/07/07)	\$ -40.00
08/06/07	Payer payment Chk#111016... applied to 97014 (05/07/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97014 (05/09/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97014 (05/11/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97124 (05/11/07)	\$ -22.14
08/06/07	Payer payment Chk#111016... applied to 97014 (05/15/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97124 (05/15/07)	\$ -22.14
08/06/07	Payer payment Chk#111016... applied to 97110 (05/15/07)	\$ -22.90
08/06/07	Payer payment Chk#111016... applied to 97014 (05/17/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97124 (05/17/07)	\$ -22.14
08/06/07	Payer payment Chk#111016... applied to 97014 (05/18/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97110 (05/18/07)	\$ -25.09
08/06/07	Payer payment Chk#111016... applied to 97014 (05/22/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97110 (05/22/07)	\$ -25.09
08/06/07	Payer payment Chk#111016... applied to svcs: 05/29/07 - 05/29/07	\$ -38.06
08/06/07	Payer payment Chk#111016... applied to svcs: 05/31/07 - 06/07/07	\$ -114.17
08/06/07	Payer payment Chk#111016... applied to svcs: 06/12/07 - 06/14/07	\$ -76.11
08/06/07	Payer payment Chk#111016... applied to svcs: 06/15/07 - 06/20/07	\$ -130.51
08/06/07	Payer payment Chk#111016... applied to svcs: 06/18/07 - 06/18/07	\$ -677.14
08/06/07	Payer payment Chk#111016... applied to svcs: 06/27/07 - 06/27/07	\$ -38.06
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 05/07/07 - 05/11/07	\$ -100.11
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 05/15/07 - 05/17/07	\$ -84.76
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 05/18/07 - 05/22/07	\$ -40.06
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 05/29/07 - 05/29/07	\$ -29.54
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 05/31/07 - 06/07/07	\$ -88.63
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 06/12/07 - 06/14/07	\$ -59.09
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 06/15/07 - 06/20/07	\$ -76.18
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 06/18/07 - 06/18/07	\$ -441.66
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 06/27/07 - 06/27/07	\$ -29.54

Total Sales Tax	: \$ 0.00
Total Late Charges	: \$ 0.00
Total Interest Charges	: \$ 0.00
Patients-Cash Rcvd	: \$ 0.00
Patients-Chks Rcvd	: \$ 0.00
Patients-Crdt Crd	: \$ 0.00
Payer Payments	: \$ 1565.21
REDUCED PER FEE SCHEDULE	: \$ 949.57

Total Charges	: \$ 2721.47
Total Received	: \$ 1565.21
Total Adjustment	: \$ 949.57
Balance (based on search)	: \$ 206.69

Bronx Medical Health Services, P.C.
 Jean Daniel Francois, M.D. - Neurologist
 3626 Bailey Avenue
 Bronx, NY 10463
 718 601-1713

Patient's Name: Kizzy Joye
 Date of Accident: 4/22/07
 Date of Exam: 5/4/07

Initial Medical Evaluation

History:

Ms. Kizzy Joye a 30-year-old female presented herself today for an examination of her injuries that she sustained during a motor vehicle accident. Ms. Joye states that on 4/22/07 she was sitting in the front passenger seat with her seatbelt on when the vehicle was forcefully hit on the driver's side. Then, while Ms. Joye entered the car from the front passenger side, her foot was on the street pavement when an 18-wheeler crashed into the car. Ms. Joye is unsure about head trauma. Subsequently, she was taken to the emergency room of Columbia Presbyterian Hospital where she was evaluated for her injuries, treated and later released. Since her pain persisted, she presented today for medical attention and treatment.

Present Complaints:

- Frontal headaches/Dizziness/loss of balance
- Neck pain radiating into her shoulders with numbness into her hands
- Lower back pain with numbness to her feet
- Right shoulder/foot pain (right foot trauma)

Past Medical History:

- Work injuries - negative
- Motor vehicle accidents - negative
- Serious illness/surgeries - Asthma
- Medication - Ibuprofen, Singulair, Albuterol, Vicodines

Occupational Status:

Ms. Joye stated that at the time of her accident, she was working full time as a commercial collector. To date, she has not yet returned to work and is, in my opinion, disabled from her original line of work due to her condition.

Musculoskeletal Examination:

Ms. Joye is a 30-year-old female. She is right-handed, measures 5'6 tall and weighs 330 pounds. Her hair color is black and her eyes are brown. A visible scar was noted on the left wrist. Visible tattoo markings were noted on her right ankle, left shoulder, neck. Ms. Joye last menstrual period was 4/23/07. Vital signs were checked and noted in stable condition.

Upon further examination, pain and discomfort was noted when palpating Ms. Joye's cervical spine. Reproduction of the patient's pain was also noted when evaluating the cervical spinal joints and paraspinal tissues. Protective guarding and splinting at the end range of motion was also noted. Furthermore, upon digital palpation of the muscles surrounding the affected areas, palpable tenderness and muscle spasms were felt along the muscle belly and insertion points. Evaluation of the lumbar spine revealed paraspinal tenderness and muscle spasms. There were complaints of tenderness when palpating along the interspinous spaces as well. In addition, restricted movement accompanied with pain at the end range of motion was also noted. Additionally, digital palpation of the musculature around the areas of involvement, revealed point tenderness and spasm.

Palpable pain and discomfort was noted during the evaluation of Ms. Joye's right shoulder. Assessment of the patient's motion showed restricted movement with protective guarding at the end range. Further palpation of the muscles surrounding the injured areas, revealed multiple sites of tenderness and spasm.

Patient's Name: Kizzy Joye
 Date of Accident: 4/22/07
 Date of Exam: 5/4/07

Page 2.

Assessment of Ms. Joye's right ankle and right foot revealed palpable pain and discomfort. In addition, further evaluation of the injured areas revealed multiple sites of myofascial irritation and spasm along the surrounding musculature. Palpable signs of right foot swelling were also noted.

Orthopedic Tests:

- The cervical compression tests were positive for neck pain in all directions.
- Kemp's test produced lower back pain with radiation into both lower extremities.
- The straight leg raise test was positive at 45 degrees bilaterally.
- Ms. Joye's orthopedic testing was partial due to patient's limited range of motion in the right foot, pain/bruising.

Neurological Examination:

The patient is awake, alert, oriented, speech is fluent, judgement is fair, insight is normal, abstraction, vocabulary, perception and emotional response are normal. Ms. Joye is legally blind in the left eye, no recuperation. Vision in the right eye.

Evaluation of the cranial nerves revealed end gaze nystagmus and a subjective feeling of vertigo during the visual field of gaze examination.

Range of Motion Testing:

The patient's ranges of motion were evaluated and her active measurements were reported utilizing statistical goniometric norms (values are given in degrees).

Cervical Spine

	<i>Normal</i>	<i>Exam</i>	<i>Strength</i>
Flexion	45	40	5-/5
Extension	45	35	5-/5
Right Lat. Flexion	45	40	5-/5
Left Lat. Flexion	45	40	5-/5
Right Rotation	80	70	5-/5
Left Rotation	80	70	5-/5

Lumbar Spine

	<i>Normal</i>	<i>Exam</i>	<i>Strength</i>
Flexion	90	65	5-/5
Extension	30	25	5-/5
Right Lat. Flexion	30	25	5-/5
Left Lat. Flexion	30	25	5-/5
Right Rotation	30	25	5-/5
Left Rotation	30	25	5-/5

Right Ankle

Range of motion testing of the right ankle was inconclusive due to patient's pain and tenderness.

Diagnosis:

Based on today's history and examination findings, the following is my diagnosis for Ms. Joye's condition as a result of a motor vehicle accident occurring on 4/22/07:

1. Traumatic musculo-ligamentous sprain/strain of the cervical spine rule out disc pathology - MRI pending
2. Traumatic musculo-ligamentous sprain/strain of the lumbar spine rule out disc pathology - MRI pending
3. Traumatic right shoulder sprain/sprain rule out internal derangement
4. Traumatic right foot sprain/strain
5. Musculoskeletal Pain Syndrome

Recommendations:

The history, subjective complaints and objective findings show evidence that the injuries sustained by Ms. Joye are due to the accident that occurred on 4/22/07. Ms. Joye sustained multiple spinal and extremity injuries as a result of this automobile related accident. Regarding the medical treatment of her spinal and extremity complaints, Ms. Joye will begin a complete physical therapy rehabilitation program consisting of electrical muscle stimulation, superficial/deep heat modalities as well as ultrasound to the affected areas. In addition to this, passive and active range of motion as well as

Patient's Name: Kizzy Joye
Date of Accident: 4/22/07
Date of Exam: 5/4/07

Page 3

isometric exercises will be gradually initiated. While in this initial phase of care, treatment will be rendered at a frequency of 4 times a week for 4 weeks at which point she will be re-evaluated.

At this time, an MRI of her cervical and lumbar spine is pending her response to conservative therapy. Further consideration will be determined at her next re-examination. The following diagnostic tests are deferred pending

Recommendations cont'd:

Ms. Joye's response to treatment: an extremity needle EMG/NCV study to rule out neuropathic involvement and a video electronystagmography to rule out central versus vestibular pathology as a cause of Ms. Joye's continued post-concussive complaints. As an adjunct to this treatment program, Ms. Joye was also prescribed an analgesic and muscle relaxant to help alleviate her pain and discomfort. Activities of daily living modifications such as avoiding heavy lifting, bending/straining and prolonged sitting were also given. Additionally, special instructions were explained to Ms. Joye these include resting in bed when her pain is present, applying ice to the affected areas (15min. on - 1hr off) as well as applying heat to the affected areas (15min. on - 1hr off). As an added part of the management of Ms. Joye's condition, consultations with additional allied health care specialists are in order specifically including an orthopedist.

Prognosis/Disability:

Pending further testing and Ms. Joye's response to treatment, my prognosis in this case for now is reserved.

 M.D.

Jean Daniel Francois, M.D.
Member of the American Academy of Neurological and Orthopaedic Surgeons
Member of the American Academy of Neurology
Member of the American Medical Association
Member of the New York Medical Society

Bronx Medical Health Services, P.C.
Jean Daniel Francois, M.D. - Neurologist
3626 Bailey Avenue
Bronx, NY 10463
718 601-1713

Patient's Name: Kizzy Joye
Date of Accident: 4/22/07
Date of Exam: 7/30/07

Follow-up Examination

Ms. Kizzy Joye was seen today for a follow-up visit relating to the injuries she sustained during her motor vehicle accident occurring on 4/22/07. Ms. Joye is currently receiving physical therapy regularly. She reports, however, that at this time she no longer notices an improvement in her condition with the prescribed treatment. At this time she complains of neck pain radiating into her shoulders, upper, middle, and lower back pain, and right shoulder pain. She also reports of right leg, ankle, and foot pain. Provocative factors include: walking, stretching, and standing. She reports that she experienced an exacerbation of her pain yesterday.

Physical Examination:

Pain and discomfort as well as restricted movement with protective guarding was noted during the evaluation of Ms. Joye's cervical and lumbar spine. Active myofascial trigger points were still present along the involved muscles; however, the referral pattern is now less severe. Additionally, her range of motion showed restricted movement with pain now noted at the extremes of motion.

Palpation of the upper extremity structures produced pain along the right shoulder. Also, latent myofascial trigger points were now noted along the involved musculature. Decreased motion and protective guarding was also observed at the end range of the affected joints, now to a lesser extent.

When palpating Ms. Joye's lower extremities tenderness was noted along the right foot. Moreover, digital palpation revealed latent myofascial trigger points along the affected muscles. Restricted movement and end range pain at the affected sites, though still present, was less severe.

No signs of joint swelling were present. Today's neurological examination revealed no significant changes from the previous evaluation.

Orthopedic Tests:

- The cervical compression tests were positive for neck pain with radiation into both upper extremities indicating the presence of a cervical spine disc lesion with nerve root irritation.
- Kemp's test produced lower back pain with radiation into both lower extremities.
- The straight leg raise test was positive at 50 degrees bilaterally.
- Upon palpation, the right foot presented with tenderness and stiffness.

Present Diagnosis:

At this time, my diagnosis for Ms. Joye remains unchanged.

Occupational Status/Disability:

To date, Ms. Joye has not yet returned to work and is, in my opinion, still disabled from her original line of work..


Recommendations:

It is in my opinion that Ms. Joye has achieved the maximum improvement her condition will allow with the present course of care; therefore, in office physical therapy treatments at this time will cease. Ms. Joye has been given advice to continue with the other forms of care that may be continuing to help her. Home care instructions including rehabilitative exercises were given as well as instructions to return if she should experience a flare-up or exacerbation. Activities of daily living modifications should also be maintained until next re-examination.

Patient's Name: Kizzy Joye
Date of Accident: 4/22/07
Date of Exam: 7/30/07
Page 2

Prognosis:

In my opinion, Ms. Joye's condition is chronic and my prognosis for her is fair. In regards to permanency, her residual deficits are permanent and will result in future pain and discomfort.

 M.D.

Jean Daniel Francois, M.D.
Member of the American Academy of Neurological and Orthopaedic Surgeons
Member of the American Academy of Neurology
Member of the American Medical Association
Member of the New York Medical Society

Bronx Medical Health Services, P.C.
 3626 Bailey Avenue
 Bronx, NY 10463
 718-610-1713

Patient: JOYE, KIZZY
 Patient ID: NCV L
 Sex: Female

Age/DOB: 30
 Height: 5'5
 Weight: 330

Date 6-18-2007

Patient History:

Patient complains of persistent lower back pain radiating down in the right lower extremity.

Nerve Conduction Report:

Motor Nerves

Nerve	Site	Onset Lat (ms)	Peak Lat (ms)	Amplitude (mVms)	Area (mVms)	Duration (ms)	Seg Name	Delta (ms)	Distance (cm)	Velocity (m/s)
R PostTib	AbdHx1			O-P (mV)	Neg	Neg		0		
	Ankle	3.94	7.64	5.86	13.845	5.16	Knee-Ankle	5.34	34.00	63.6
	Knee	9.28	13.59	0.23	0.563	5.48				
R Peroneal	ED8			O-P (mV)	Neg	Neg		0		
	Ankle	2.67	5.25	6.70	16.874	4.45	B Fib-Ankle	7.27	34.00	46.8
	B Fib	9.94	12.42	0.96	2.279	4.08				
L PostTib	AbdHx1			O-P (mV)	Neg	Neg		0		
	Ankle	3.84	7.73	5.88	13.741	5.20	Knee-Ankle	6.05	35.00	57.9
	Knee	9.89	13.88	0.32	0.823	5.25				
L Peroneal	ED8			O-P (mV)	Neg	Neg		0		
	Ankle	2.53	5.11	6.38	16.760	4.64	B Fib-Ankle	7.92	33.00	41.7
	B Fib	10.45	12.80	0.57	1.846	4.50				

Sensory Nerves

Nerve	Site	Onset Lat (ms)	Peak Lat (ms)	Amplitude (mVms)	Area (mVms)	Duration (ms)	Seg Name	Delta (ms)	Distance (cm)	Velocity (m/s)
R Sural	LatHx1			P-T (μV)	Neg	Neg		P		
	10 cm	2.09	2.91	4.78	-----	-----	10 cm-LatHx1	2.91	14.00	48.2
R S Peron	Ankle			P-T (μV)	Neg	Neg		P		
	14 cm	1.94	3.03	3.99	-----	-----	14 cm-Ankle	3.03	14.00	46.2
L Sural	LatHx1			P-T (μV)	Neg	Neg		P		
	10 cm	2.06	2.53	6.55	0.001	0.75	10 cm-LatHx1	2.53	12.00	47.4

JOYE, KIZZY

Nerve	Site	Onset Lat (ms)	Peak Lat (ms)	Amplitude (mV)	Area (mVms)	Duration (ms)	Seg Name	Delta (ms)	Distance (cm)	Velocity (m/s)
L S Peron	Ankle			P-T (pV)	Neg	Neg		P		
	14 cm	1.34	2.59	6.62	14 cm-Ankle	2.59	12.00	46.3

F/H Report:

Nerve	Muscle	Lat1 (ms)	Lat2 (ms)	Lat2 - Lat1 (ms)	Amplitude (pV)
R Tibial F	AHB	48.44		48.44	
R H-Reflex H	Gast-Soleus	32.50		32.50	
R Peroneal F	EDB	43.91		43.91	
L Tibial F	AHB	49.84		49.84	
L H-Reflex H	Gast-Soleus	32.81		32.81	
L Peroneal F	EDB	43.91		43.91	

Findings:**Motor Nerve Conduction Study:**

Normal latencies, amplitudes and velocities in all nerves studied.

Sensory Nerve Study:

Sensory nerve conduction study showed normal latencies and amplitudes in all nerves studied.

Late Responses:

F-wave and H-reflex studies of bilateral tibial and peroneal nerves showed symmetrical latencies.

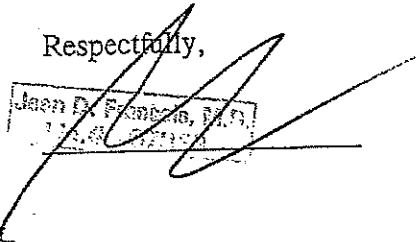
EMG:

Patient declined needle examination.

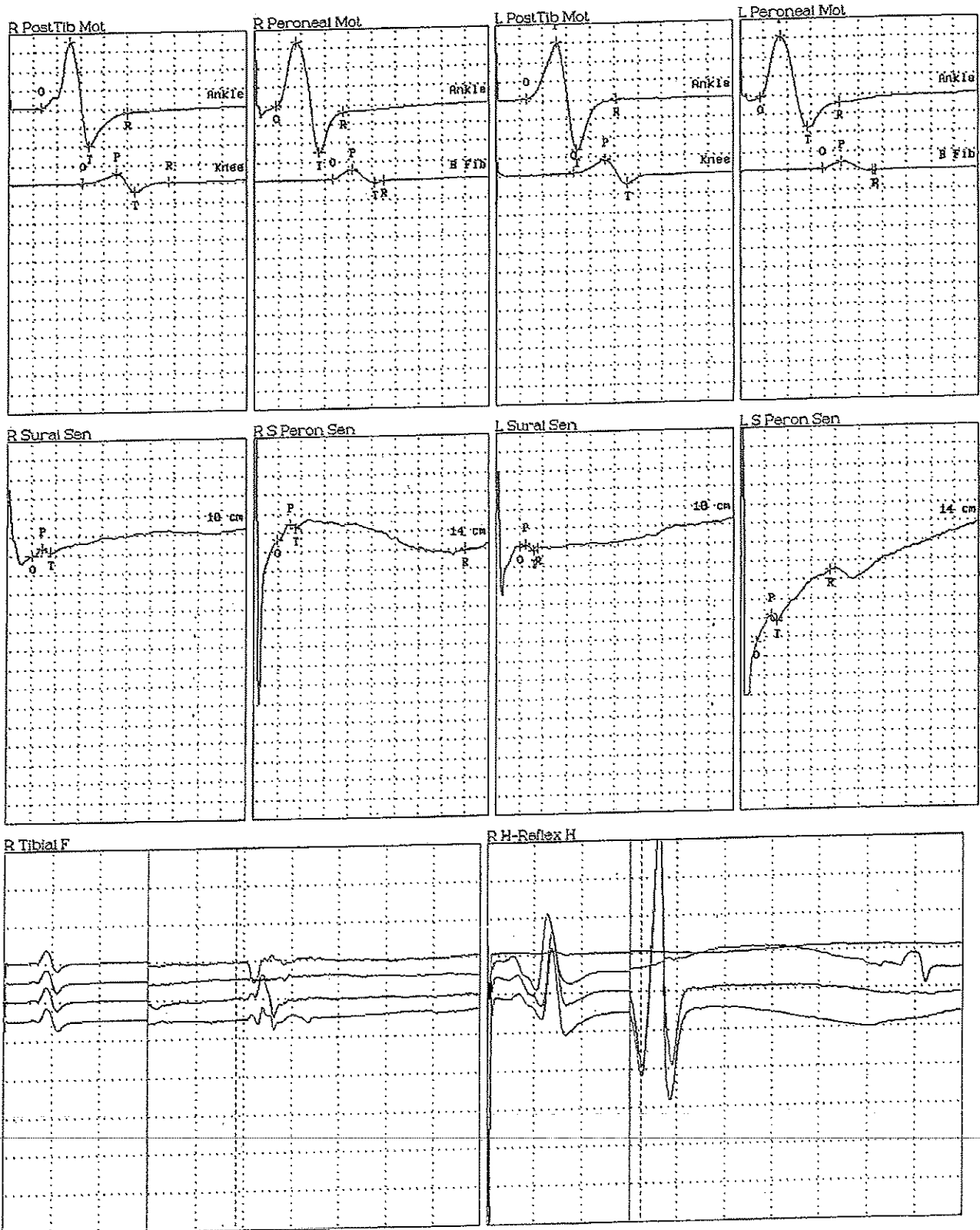
Conclusion:

Nerve conduction study is normal at the present time.

Respectfully,


 Jean B. Francisco, M.D.
 112.00 11/1/08

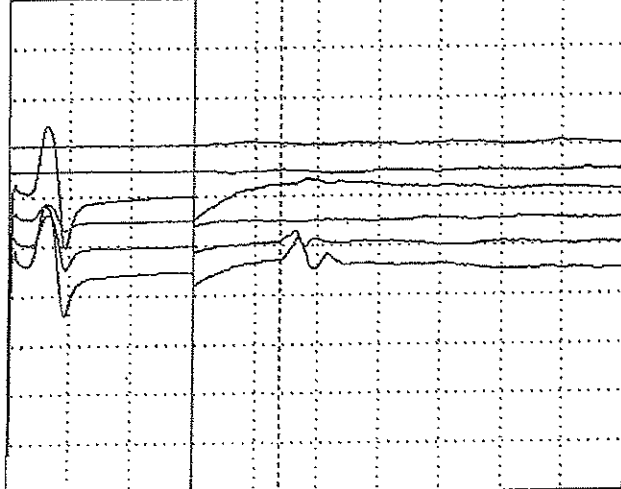
JOYE, KIZZY



JOYE, KIZZY

4

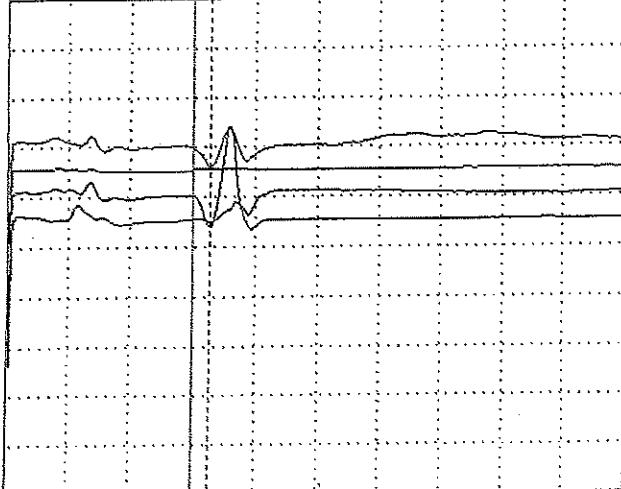
R Peroneal F



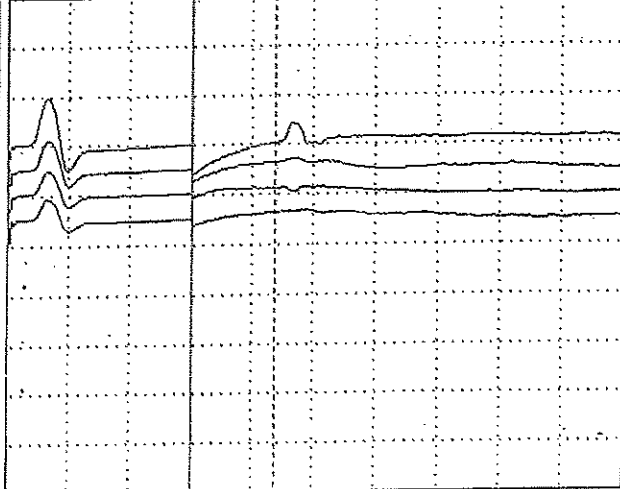
L Tibial F



L H-Reflex H



L Peroneal F



BRONX MEDICAL HEALTH SERVICES, P.C.
3626 Bailey Avenue, Bronx, NY 10463
Tel: (718) 601-1713 Fax: (718) 601-1712

INITIAL EVALUATION
PHYSICAL THERAPY PROGRAM

PATIENT'S NAME: Joye, Kizzy DATE: 5/7/07
 AGE: 30 y/o SEX: F HANDEDNESS R
 OCCUPATION: _____ CURRENTLY WORKING? Y N
 DIAGNOSIS: Neck, @ Shoulder Pain CODE: _____
Low Back, @ facet Pain

HISTORY OF PRESENT INJURY / ILLNESS: Present condition started 4/22/07 when she
had MVA. She was the restrained front passenger & dashboard engaged when
a vehicle struck on the driver's side. She doesn't recall any physical trauma
at LOC. She sought urgent care @ Columbia Presbyterian. H. came in
today for PT eval & tx.
 PMH: Asthma
 SOCIAL HISTORY: _____
 MEDICATIONS: All N. Rx's
 CHIEF COMPLAINT: H. cp pain in neck, @ shoulder in back & lumbar
& pain @ facet
 WHAT INCREASES PAIN: constant
 WHAT DECREASES PAIN: _____
 HOW SYMPTOMS INTERFERE WITH ADL'S / SLEEP: _____

OBJECTIVE:

VITAL SIGNS:

- ☒ Minimal / Moderate / Severe mnd spasm c/s guarding C/T/L/S paraspinals and _____
☒ Grade _____ tenderness at C/T/L/S and @ facet
☒ Trigger points on C/T/L/S paraspinal, R/L Trapezius and _____
☒ Crepitus c/s pain on _____
☒ Postural deviation:
 () flat neck () forward head () inc. thoracic kyphosis () dec. thoracic kyphosis () rounded shoulder
 () flat back () dextro / levo scoliosis () Others _____
☒ Gait deviation:
 () antalgic () stiff knee () dec. R/L step length () Others _____

BRONX MEDICAL HEALTH SERVICES, P.C.
3626 Bailey Avenue, Bronx, NY 10463
Tel: (718) 601-1713 Fax: (718) 601-1712

All mms. of Cervical spine are grossly graded 5/5, and all jts. of Cervical spine are WNL actively done painfree, EXCEPT for the ff:

LEFT			RIGHT		
ROM	MMT	MUSCLE	NORMAL	ROM	MMT
<i>pain</i> <i>end</i> <i>mm</i>	<i>?</i>	FLEXION	0 - 45°	<i>pain</i> <i>end</i> <i>mm</i>	<i>?</i>
		EXTENSION	0 - 45°		
		ROTATION	0 - 60°		
		LATERAL FLEXION	0 - 45°		

Pain level 1 2 3 4 5 6 7 8 9 10/10

All mms. of Lumbar spine are grossly graded 5/5, and all jts. of Lumbar spine are WNL actively done painfree, EXCEPT for the ff:

LEFT			RIGHT		
ROM	MMT	MUSCLE	NORMAL	ROM	MMT
<i>pain</i> <i>end</i> <i>mm</i>	<i>?</i>	FLEXION	0 - 80° / 4"	<i>pain</i> <i>end</i> <i>mm</i>	<i>?</i>
		EXTENSION	0 - 25°		
		LAT FLEXION	0 - 35°		
		ROTATION	0 - 45°		

Pain level 1 2 3 4 5 6 7 8 9 10/10

All mms. of UE / LE are grossly graded 5/5, and all jts. of UE / LE are WNL actively done painfree, EXCEPT for the ff:

LEFT				RIGHT				LEFT				RIGHT			
ROM	MMT	MOTION	N°	ROM	MMT			ROM	MMT	MOTION	N°	ROM	MMT		
		MUSCLE								MUSCLE					
		S FLEX	0-180°	<i>pain</i> <i>end</i> <i>mm</i>	<i>?</i>					H FLEX	0-120°				
		S EXT	0-45°							H EXT	0-30°				
		S ABD	0-180°							H ABD	0-45°				
		INT ROT	0-70°							H ADD	20-30°				
		EXT ROT	0-90°							INT ROT	0-35°				
		E FLEX	0-150°							EXT ROT	0-45°				
		E EXT	0							K FLEX	0-135				
		PRON	0-80°							K EXT	0				
		SUPIN	0-80°							DF	0-20°	<i>pain</i> <i>end</i> <i>mm</i>	<i>?</i>		
		W FLEX	0-80°							PF	0-50°				
		W EXT	0-70°							INV	0-35°				
		RAD DEV	0-20°							EV	0-15°				
		ULN DEV	0-30°												

Pain level 1 2 3 4 5 6 7 8 9 10/10

BRONX MEDICAL HEALTH SERVICES, P.C.
3626 Bailey Avenue, Bronx, NY 10463
Tel: (718) 601-1713 Fax: (718) 601-1712

Pt. experiences pain and/or difficulty in the ff ADLs:

- ☒ Ambulates c / s assistive device, \cong _____ blocks + _____
- ☒ Standing / Sitting Tolerance \cong _____ minutes
- ☒ Lifts light / medium / heavy weights c / s modification
- ☒ Bed mobility () independent () assist.
- ☒ Turns head () all direction () limitation
- ☒ Faulty body mechanics
- ☐ Others _____

SPECIAL TEST: _____

ASSESSMENT: Pt. Rehabilitation Potential for functional improvement is () poor () fair ☒ good
() excellent. Pt. will benefit from Skilled PT intervention to achieve the ff. goals:

- ☒ Decrease pain on C T L S region, @ shoulder, @ foot
- ☒ Improve strength of trunk
- ☒ Increase ROM on C T L S region
- ☒ Decrease spasm / guarding on C T L S paraspinals
- ☒ Improve posture / body mechanics in ADLs
- ☒ Improve patient's functional deficits.
- ☐ Others: _____

PLAN:

Pt. will undergo PT 4 x / wk for 4 wks. As D.O. dated 5/4/07

- ☒ HMP / Cold pack on C T L S region
- ☒ ES / TENS on C T L S region
- ☒ Therapeutic massage on C T L S region @ foot, @ shoulder
- ☐ US on C T L S region
- ☐ Paraffin Wax Bath on (R) (L) Hand
- ☒ Therapeutic Exercise
 - ☒ Cervical stability / mobility exercises
 - ☒ Lumbosacral stability / mobility exercises
- ☒ ROM / Stretching / Joint Mobility / PRE's
- ☒ Pt. education on home exercise program and proper body mechanics
- ☐ Others: _____

REPORTED BY:

EDDA R. ROMAN-THAS, RPT
PHYSICAL THERAPIST
NY LICENSE # 026888

BRONX MEDICAL HEALTH SERVICES, P.C.

3626 Bailey Avenue
Bronx, NY 10463Patient Name: Joye, Rizzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD1. Date of Visit: 5/7/07 INITIAL EVALSUBJECTIVE COMPLAINTS: pain on neck, @ shoulder, in back,
in back, @ footOBJECTIVE FINDINGS: (+) tenderness on c/s, n/s, @ footASSESSMENT/ PLAN/TREATMENT: Hump, estim x/s on neck, @ shoulder
& in back

Therapeutic Exercises: _____

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____

Physical Therapist Signature: _____

Patient's Signature: Rizzy JoyeDoctor's Approval: Jean D. Francois M.D.1. Date of Visit: 5/9/07SUBJECTIVE COMPLAINTS: pain on neck, @ shoulder, in back, @ footOBJECTIVE FINDINGS: STOASSESSMENT/ PLAN/TREATMENT: Hump, estim x/s on neck, @ shoulder
& in back
Hump x/s on @ foot

Therapeutic Exercises: _____

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____

Physical Therapist Signature: _____

Patient's Signature: Rizzy JoyeDoctor's Approval: Jean D. Francois M.D.

BRONX MEDICAL HEALTH SERVICES, P.C.
 3626 Bailey Avenue
 Bronx, NY 10463

Patient Name: Joye, Kizzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD

1. Date of Visit: 5/11/07

SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ foot

OBJECTIVE FINDINGS: 816

ASSESSMENT/ PLAN/TREATMENT: HNP, ESTIM, XIS on neck/shoulder &
in back
HNP, XIS on @ foot
Massage @ foot

Therapeutic Exercises: _____

Home Exercises Program: _____

☐ Macro 1 ☐ Macro 2 ☐ Macro 3 ☒ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]

Patient's Signature: [Signature]

Doctor's Approval: [Signature] M.I.

1. Date of Visit: 5/15/07

SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ foot

OBJECTIVE FINDINGS: 816

ASSESSMENT/ PLAN/TREATMENT: HNP, ESTIM, XIS on neck/shoulder &
in back
HNP, XIS on @ foot

Therapeutic Exercises: ANIME, PAINFUL AS THE

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]

Patient's Signature: [Signature]

Doctor's Approval: [Signature] M.I.

BRONX MEDICAL HEALTH SERVICES, P.C.
 3626 Bailey Avenue
 Bronx, NY 10463

Patient Name: Boye, Kizzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD

1. Date of Visit: 5/17/07

SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ foot

OBJECTIVE FINDINGS: SLB

ASSESSMENT/ PLAN/TREATMENT: Imp, Exam x18 on neck/shoulder & in back
Imp x18 on @ foot
Massage c. cerv

Therapeutic Exercises: _____

Home Exercises Program: _____

☐ Macro 1 ☐ Macro 2 ☐ Macro 3 ☒ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: Jean D. Francois

Patient's Signature: Kizzy Boye

Doctor's Approval: Jean D. Francois

1. Date of Visit: 5/18/07

SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ foot

OBJECTIVE FINDINGS: SLB

ASSESSMENT/ PLAN/TREATMENT: Imp, Exam x18 on neck/shoulder & in back
Imp x18 on @ foot
Massage c. cerv

Therapeutic Exercises: prune, Anne

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: Jean D. Francois

Patient's Signature: Kizzy Boye

Doctor's Approval: Jean D. Francois

BRONX MEDICAL HEALTH SERVICES, P.C.
 3626 Bailey Avenue
 Bronx, NY 10463

Patient Name: Jay. Kizy DOI: _____ Referring Doctor: Jean Daniel Francois, MD

1. Date of Visit: 5/22/07

SUBJECTIVE COMPLAINTS: pain en neck, shoulder, in back, @ feet

OBJECTIVE FINDINGS: NO

ASSESSMENT/ PLAN/TREATMENT: HNP, Estim xis en neck/shoulder & in back
HNP xis en @ feet
Placing a bright red error

Therapeutic Exercises: prone, prone as tel.

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☒ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: _____

Patient's Signature: _____

Doctor's Approval: _____ MD.

1. Date of Visit: 5/29/07

SUBJECTIVE COMPLAINTS: pain en neck, sh, in back, @ feet

OBJECTIVE FINDINGS: NO

ASSESSMENT/ PLAN/TREATMENT: HNP, Estim xis en neck/sh & in back
HNP xis en @ feet

Therapeutic Exercises: prone, prone as tel.

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: _____

Patient's Signature: _____

Doctor's Approval: _____ MD.

BRONX MEDICAL HEALTH SERVICES, P.C.

3626 Bailey Avenue

Bronx, NY 10463

Patient Name: Joye, Kizzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD1. Date of Visit: 5/31/07SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ footOBJECTIVE FINDINGS: NOASSESSMENT/PLAN/TREATMENT: Hamp, Estim XIS on neck/shoulder & in back
Hamp XIS on @ foot.Therapeutic Exercises: MOVIE, ANOVA as tol.

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]Patient's Signature: [Signature]Doctor's Approval: [Signature] MD1. Date of Visit: 6/5/07SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ footOBJECTIVE FINDINGS: NOASSESSMENT/PLAN/TREATMENT: Hamp, Estim XIS on neck/shoulder & in back
Hamp XIS on @ footTherapeutic Exercises: MOVIE, ANOVA as tol.

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]Patient's Signature: [Signature]Doctor's Approval: [Signature] MD

BRONX MEDICAL HEALTH SERVICES, P.C.
 3626 Bailey Avenue
 Bronx, NY 10463

Patient Name: Jaye, Kizzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD

1. Date of Visit: 6/7/07

SUBJECTIVE COMPLAINTS: pain on arch, in back, shd, @ foot

OBJECTIVE FINDINGS: SLB

ASSESSMENT/ PLAN/TREATMENT: HMUP, Estm x18 on arch/shd & in back
HMUP x18 @ foot

Therapeutic Exercises: PURME, ANIME as tol,

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]

Patient's Signature: [Signature]

Doctor's Approval: [Signature]

1. Date of Visit: 6/12/07

SUBJECTIVE COMPLAINTS: pain on arch, in back, shd, @ foot

OBJECTIVE FINDINGS: SLB

ASSESSMENT/ PLAN/TREATMENT: HMUP, Estm x18 on arch/shd &
in back
HMUP x18 on foot

Therapeutic Exercises: PURME, ANIME as tol,

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]

Patient's Signature: [Signature]

Doctor's Approval: [Signature] M.D.

BRONX MEDICAL HEALTH SERVICES, P.C.
 3626 Bailey Avenue
 Bronx, NY 10463

Patient Name: Geyer, Kizzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD

1. Date of Visit: 6/14/07

SUBJECTIVE COMPLAINTS: pain on neck, in back, sh, @ foot

OBJECTIVE FINDINGS: SH

ASSESSMENT/ PLAN/TREATMENT: Hand, Estom x15 on neck/shldr & in back

Therapeutic Exercises: PHUNE, ANOME as tol,

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____ Physical Therapist Signature: [Signature]

Patient's Signature: [Signature] Doctor's Approval: [Signature] M.D.

1. Date of Visit: 6/15/07

SUBJECTIVE COMPLAINTS: pain on neck, in back, sh, @ foot

OBJECTIVE FINDINGS: SH

ASSESSMENT/ PLAN/TREATMENT: Hand, Estom x15 on neck/shldr & in back

Therapeutic Exercises: PHUNE, ANOME as tol,

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____ Physical Therapist Signature: [Signature]

Patient's Signature: [Signature] Doctor's Approval: [Signature] M.D.

BRONX MEDICAL HEALTH SERVICES, P.C.

3626 Bailey Avenue
Bronx, NY 10463Patient Name: Page, Kizzg DOI: _____ Referring Doctor: Jean Daniel Francois, MD1. Date of Visit: 6/20/07SUBJECTIVE COMPLAINTS: pain en neck, sh, in back, @ footOBJECTIVE FINDINGS: STBASSESSMENT/ PLAN/TREATMENT: HNP, Estim x18 en neck/shoulder & in backTherapeutic Exercises: PWONG, ANOMIE extnl.

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____ Physical Therapist Signature: [Signature]Patient's Signature: [Signature] Doctor's Approval: Jean D. Francois M.D.1. Date of Visit: 6/27/07SUBJECTIVE COMPLAINTS: pain en neck, sh, in back, @ foot.OBJECTIVE FINDINGS: (+) trigger pts en paracervical arASSESSMENT/ PLAN/TREATMENT: HNP, Estim x18 en neck/shoulder & in backTherapeutic Exercises: PWONG, ANOMIE extnl.

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____ Physical Therapist Signature: [Signature]Patient's Signature: [Signature] Doctor's Approval: Jean D. Francois M.D.

BRONX MEDICAL HEALTH SERVICES, P.C.

3626 Bailey Avenue
Bronx, NY 10463Patient Name: Jaye, Kyrus DOI: _____ Referring Doctor: Jean Daniel Francois, MD1. Date of Visit: 7/16/07SUBJECTIVE COMPLAINTS: pain on neck, in back, @ footOBJECTIVE FINDINGS: SBASSESSMENT/ PLAN/TREATMENT: Imp, Estim XLS on neck & in backTherapeutic Exercises: PT/NE, ANOMIE as tol.

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]Patient's Signature: [Signature]Doctor's Approval: [Signature] M.D.1. Date of Visit: 7/16/07SUBJECTIVE COMPLAINTS: pain on neck, in back, @ footOBJECTIVE FINDINGS: SBASSESSMENT/ PLAN/TREATMENT: Imp, Estim XLS on neck & in backTherapeutic Exercises: PT/NE, ANOMIE as tol.

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]Patient's Signature: [Signature]Doctor's Approval: [Signature] M.D.

Jacob Lichy, M.D.
Thomas M. Kolb, M.D.

LENOX HILL RADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.

61 East 77th Street, New York, NY 10021 • TEL: 212-772-3111 • FAX: 212-288-1637 • www.lenoxhillradiology.com

May 17, 2007

JOYE, KIZZY
1510 Jesup Avenue
Bronx, New York 10452
Acct: 423960

J. Francois, M.D.
3626 Bailey Avenue
Bronx, New York 10463

Dear Dr. Francois:

MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE: 5-14-07

The discs and vertebrae are normal. Bony alignment is unremarkable. There is straightening of the normal cervical lordosis.

IMPRESSION: There is straightening of the normal cervical lordosis representing pain and muscle spasm.

Thank you for referring this patient to our office.

Sincerely,


Jacob Lichy, M.D.

JL/cb
films delivered to the above address

Jacob Lichy, M.D.
Thomas M. Kolb, M.D.

LENOX HILL RADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.

61 East 77th Street, New York, NY 10021 • TEL: 212-772-3111 • FAX: 212-288-1637 • www.lenoxhillradiology.com

May 17, 2007

JOYE, KIZZY
1510 Jesup Avenue
Bronx, New York 10452
Acct: 423960

J. Francois, M.D.
3626 Bailey Avenue
Bronx, New York 10463

Dear Dr. Francois:

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE: 5-14-07

The discs and vertebrae are normal. The contents of the thecal canal are unremarkable.

IMPRESSION: Normal MRI of the lumbar spine.

Thank you for referring this patient to our office.

Sincerely,


Jacob Lichy, M.D.

JL/cb
films delivered to the above address

Jacob Lichy, M.D.
Thomas M. Kolb, M.D.

LENOX HILL RADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.

61 East 77th Street, New York, NY 10021 • TEL: 212-772-3111 • FAX: 212-288-1637 • www.lenoxhillradiology.com

June 7, 2007

JOYE, KIZZY
1510 Jesup Avenue Apt. 17
Bronx, New York 10452
Acct: 423960

J. Cohen, M.D.
3626 Bailey Avenue
Bronx, New York 10463

Dear Dr. Cohen:

MAGNETIC RESONANCE IMAGING OF THE RIGHT FOOT: 6-04-07

Examination is centered on the tarsal and metatarsal regions. The marrow signal is normal with no evidence of acute fracture. There are no soft tissue masses or fluid collections. Correlation with plain films is necessary.

IMPRESSION: Normal examination of the mid foot. Correlation with plain films is necessary.

Thank you for referring this patient to our office.

Sincerely,



Thomas M. Kolb, M.D.

TK/cb
films delivered to the above address

copy

Jacob Lichy, M.D.
Thomas M. Kolb, M.D.

LENOX HILL RADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.

61 East 77th Street, New York, NY 10021 • TEL: 212-772-3111 • FAX: 212-288-1637 • www.lenoxhillradiology.com

June 7, 2007

JOYE, KIZZY
1510 Jesup Avenue Apt. 17
Bronx, New York 10452
Acct: 423960

[Handwritten signature]

J. Cohen, M.D.
3626 Bailey Avenue
Bronx, New York 10463

Dear Dr. Cohen:

MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER: 6-04-07

The rotator cuff tendons are unremarkable. There are tears of both the anterior and posterior glenoid labra. There is a surrounding joint effusion. The marrow signal is normal.

IMPRESSION: Tears of the anterior and posterior glenoid labra. Joint effusion.

Thank you for referring this patient to our office.

Sincerely,

[Handwritten signature]

Thomas M. Kolb, M.D.

TK/cb
films delivered to the above address

AFFIDAVIT OF SERVICE

STATE OF NEW YORK - COUNTY OF NEW YORK: SS

I, *Michelle Ortiz*, being duly sworn, say:

I am not a party to the action, am over 18 years of age and reside in Bronx, New York.

On *April 30, 2008*, I served the within

***RESPONSE TO COMBINED DEMANDS, VERIFIED BILL OF PARTICULARS,
PLAINTIFF'S COMBINED DISCOVERY DEMAND and
PLAINTIFF'S DEMAND FOR BILL OF PARTICULARS.***

by depositing a true copy thereof enclosed in a postpaid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State, addressed to the following person at the last known address set forth after the name:

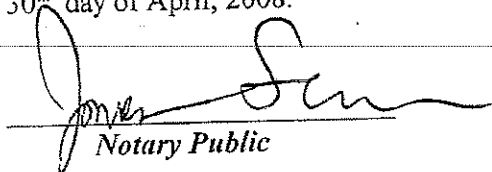
***LAW OFFICES OF JOHN P. HUMPHREYS
Attorney(s) for Defendant(s)
JAIME LOPEZ and EDGAR MEZA OVANDO
D/b/a 3 BULLS TRUCKING
485 Lexington Avenue, 7th Floor
New York, New York 10017
(917) 778-6600***

***JENINE SHAW
Co-Defendant
40 A Spruce Street
Newark, New Jersey 07102***


Michelle Ortiz

Sworn to before me this

30th day of April, 2008.


Notary Public

James L Ferrara
Notary Public State of New York
No. 02FE6001941
Qualified in Richmond County
Commission Expires January 26, 2010

003/003

956/
219/
9295

[illegible]

Exhibit D

F. schniot

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553-08

Plaintiff,

- against -

JENINE SHAW, EDGAR MEZA OVANDO
and JAIME LOPEZ,

RESPONSE TO
COMBINED
DEMANDS

Defendants.
-----X

Plaintiff, by her attorneys, ROSENBAUM & ROSENBAUM, P.C., responds to defendants'

Combined Demands as follows:

WITNESSES

Plaintiff is currently not aware of the names of the witnesses to this accident.

EXPERT DISCLOSURE

Plaintiff has not retained an expert witness with respect to the trial of this matter. Upon such retainer, full disclosure will be made pursuant to CPLR section 3101(d).

STATEMENTS

Plaintiff is not in possession of any adverse party statements.

MEDICAL RECORDS and AUTHORIZATIONS

A copy of all medical records in plaintiffs' possession are annexed hereto.

Authorizations for the following medical providers are attached:

1. New York Presbyterian Hospital
622 West 168th Street
New York, New York 10032

LAW OFFICE OF
JOHN P. HUMPHREYS

MAY - 2 2008

2. Bronx Medical Health Services
3626 Bailey Avenue
Bronx, New York 10463
3. Lenox Hill Radiology & Medical Imaging
61 East 77th Street
New York, New York 10021
4. Oasis Acupuncture, P.C.
10 Hillside Place
Elmsford, New York 10523

PHOTOGRAPHS

Plaintiff is not in possession of any photographs.

LIENS

Plaintiff is not aware of any liens at this time.

INCOME TAX RECORDS

To be provided.

COLLATERAL SOURCE

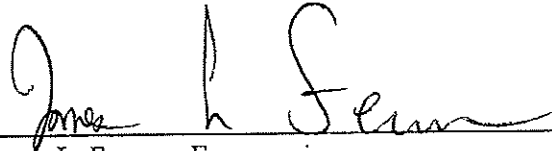
Annexed hereto is an authorization for plaintiff's no-fault file.

EMPLOYMENT AUTHORIZATION

Annexed hereto is an authorization for plaintiff's employment records from Time Warner

Cable located at 5120 Broadway, New York, N.Y. 10034.

Dated: New York, New York
April 29, 2008

A handwritten signature in black ink, appearing to read "James L. Ferrara", is written over a horizontal line.

James L. Ferrara, Esq.
ROSENBAUM & ROSENBAUM, P.C.
Attorney(s) for Plaintiff(s)
50 Broadway, 26th Floor
New York, New York 10004
212-514-5007

To: LAW OFFICE OF JOHN P. HUMPHREYS
Attorney(s) for Defendant(s)
JAIME LOPEZ and EDGAR MEZA OVANDO
D/b/a 3 BULLS TRUCKING
485 Lexington Avenue, 7th Floor
New York, New York 10017
(917) 778-6600
File No.: 0913855FS

JENINE SHAW
Co-Defendant
40 A Spruce Street
Newark, New Jersey 07102

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

Civil Index No. : 08 CIV 4998

KIZZY JOYE,

Plaintiff,

-against-

JENINE SHAW, EDGAR MEZA OVANDO AND JAIME LOPEZ,

Defendants.

PETITION FOR REMOVAL

**Law Office of
JOHN P. HUMPHREYS**

Attorneys for Defendant
JAIME LOPEZ
EDGAR MEZA-OVANDO
Office & P.O. Address
485 Lexington Avenue, 7th Floor
New York, New York 10017

Tel. No.: (917) 778-6600

Fax No.: (917) 778-7020

(917) 778-7022

TO:

Service of a copy of the within

is hereby admitted.

Dated:

Attorney(s) for

NOTICE OF ENTRY:

PLEASE TAKE NOTICE that the within is a true copy of an order entered in office of the Clerk of the above Court on the ____ day of _____ 200 .

NOTICE OF SETTLEMENT:

PLEASE TAKE NOTICE that the within proposed order will be presented for settlement and entry at the Courthouse on the ____ day of _____ 200 , at 10:00 a.m. at the office of the Clerk of the Part of this Court where the within described motion was heard.

Dated: New York, New York

**Law Office of
JOHN P. HUMPHREYS**
Attorneys for Defendant(s)
As Designated Above